

1. Med Standards and SEMAC approved Mercy Flight Central protocols. They also decided to sunset, remove, delete or otherwise kibosh SEMAC Advisory #97-03: Hyperventilation in Severe Traumatic Brain Injury. Likely, 10 years later, the advisory is a no brainer.
2. BEMSAT Director Lee Burns headed off what might have been a showdown between DOH and the Collaborative BLS protocol authors. Contrary to earlier communications, (such as her email stating, “Please be advised that Basic Life Support providers are required by regulation (800.15) to follow the published New York State – Statewide BLS Protocols...”), Director Burns relayed advice from the Bureau legal eagles that a provider following a Regional Protocol is, in fact following a NYS approved protocol. Regional protocols, whether BLS or ALS, cannot be effected without SEMAC/SEMSCO approval, hence the Collaborative Protocol is a NYS approved protocol. So EMTs worried about getting into hot water if they follow the recently released revisions to the Collaborative Protocol can stop tossing and turning all night. The Collaborative docs who (maybe) came prepared to duel put away their ketamine darts. In response to the perceived tension, Medical Standards did appoint a TAG including members from Training and Education to review the BLS protocols. There may be opportunity to get the Collaborative BLS and DOH BLS protocols on the same page. Shut the front door!
3. The 84 page EMT-CC Tag Report was presented and devolved into a prolonged and passionate SEMAC discussion. Whether by design or coincidence, a quorum was lost and the meeting ended before consensus on the TAG recommendations could be reached. Hmmm.
4. The Stroke Protocol was once again discussed ad nauseam. A motion was made to increase the 3.5 hours for transport destination decision to 6 hours and revise the oxygen indications to be shortness of breath or $SpO_2 < 94\%$. There was considerable commentary on the onerous CME requirements by NYS for physicians. Ian Brisette, PhD, Director of the Paul Coverdell stroke program presented data showing extreme variability across NYS in prehospital stroke care with a median 29.4% EMS PCR’s documenting a stroke screen, 36.2% making stroke center prenotification, 53.7% documenting last known well time and only 35.5% of hospitals activating their stroke team when they got prehospital notification (shocking!). Coverdell will be funding some improvement projects. If you recall, there was a bit of brouhaha in January about these proposed BLS Stroke Protocol revisions and, to be frank, I am not completely certain whatever happened with the prior or present recommendations. Maybe they will appear in a revision to the BLS stroke protocol, the last of which occurred in 2005. Or maybe someone will have a TIA and they won’t appear anywhere. This issue might be caught up in item # 2 above as well (just sayin’). Time will tell...just not sure how much time.
5. Might as well digress to the hot topic of the CCT Tag Report. It was, after all, responsible for the parking lot overflowing with vehicles of concerned parties wishing to comment. The 84-page report issued prior to the meeting and intended for vote at SEMAC and SEMSCO came from an 18-member group appointed by SEMSCO in September 2016. Their charge was to examine ongoing concerns about the future viability of the EMT-Critical Care (CC) level of certification in New York State. TAG members included Patty Bashaw, Frank Chester, James Deavers, Robert Delagi, Daniel Dennis, Gary Ferrucci, Mickey Forness, Debra Fults, Travis Howe, Donald Hudson, Howard Huth, David Kugler, John Malinchock, Lewis Marshall, Mike McEvoy, John McGuire and Kevin O’Hara. Andrew Johnson represented the Bureau of Emergency Medical Services. The report was

drafted by myself (Mike McEvoy) prompting one committee member to comment, “I did not know he could write serious stuff...” Suffice it to say, the TAG looked at voluminous data and it was very evident that EMT-CC is a level of care headed for extinction. Their recommendations to sunset CC level courses beginning this September, offer a mostly on-line bridge program for current CCs to bridge to Paramedic and transition CCs who wish to remain certified into the Con Ed recert program were modified by SEMSCO after two days and evenings of (sometimes heated) discussion. In the end, to the credit of all who participated, here’s what was approved in a nutshell:

SEMSCO approves four actions to gradually sunset the CC level of certification in NYS. These actions would allow continued CC certification renewals, affording REMSCOs and REMACs a prolonged period in which to sustain or reconfigure their systems, based on Regional needs. They would also address the immediate inability of NYS to shoulder the administrative burden and financial costs of revising and maintaining the CC curriculum, Practical Skills Exam and Written CC Certification Exam. The proposed actions are:

- Continue the CC CME refresher program.
- DOH no longer approve original CC courses starting after January 1, 2018.
- DOH no longer approve CC refresher or CC rapid refresher courses starting 18 months from item #2 above.
- DOH create an automatic advanced standing CC to Paramedic bridge program open to any currently on-line NYS CC with 3 years of continuous practice¹. Such a bridge program should include on-line didactic content with availability of skills and testing a local course sponsors. DOH will operate this bridge program for a minimum of 10 years from January 1, 2018.

Discussions included cost and travel time to paramedic training sites, EMT-CC courses already planned and advertised, and concerns about proposed deadlines. The TAG noted the cost to develop an updated CC curriculum (consistent with current national standards) would cost \$880,941 and exam updates are estimated at \$134,843, monies not included in the ever shrinking NYS EMS budget and hard to justify given only 1,522 of the presently 59,000 NYS EMS providers are CCs. Including the changes made during final approval by SEMSCO, the now 85-page final report is well worth a read if you have any interest. Get your copy at https://saratogaems.org/cc_tag_report_2017_approved_may10/.

6. Training & Education (affectionately called T&E) reported Course Sponsor renewals are due June 30th. Of course, given the lateness of these notes, if you are a Course Sponsor and have not sent yours in, you’re screwed.
7. For those Course Sponsors who order course applications through the DOH warehouse /distribution center, they are no longer accepting faxed requests. All requests need to be either snail mailed or emailed. The new addresses are: NYSDOH Distribution Center, PO Box 343, Guilderland NY 12084 or email b0019w@health.ny.gov.
8. As of September 1, 2017, the Bureau will no longer send instructor renewal reminders. Instructors and in actuality, Course Sponsors, need to keep an eye on expiration dates, download the appropriate renewal forms from the Bureau web site and submit in a timely fashion. Additionally, a revised policy statement will soon be issued expanding the permitted sources of instructor CE hours. Keep an eye out for that.

9. The fast-track instructor program using the NAEMSE Level I Instructor course has 292 instructor candidates enrolled, most at the CIC level. One dropped to CLI, 20 are in their CLI and 31 in their CIC internship phases. There will be a NAEMSE Level I course at Vital Signs this year for anyone interested in jumping on board. On the same subject, performance on the CIC and CLI instructor exams is improving: of 182 CLI exams, pass rates ranged from 80 to 100% while 70% of the 356 CIC candidates passed their exams. Better.
10. For those wondering whazzup with the Regional Faculty program, it's dead in the water according to the Bureau. Budget cuts have eliminated staff ability to travel, train new RFs or work on revising the program.
11. Speaking of buckaroos, the Bureau's appropriated cash ceiling went from \$6.3 million in 2016-2017 to \$5.7 million in 2017-2018. It is currently \$4.9 million. This amount funds Bureau Ops, testing, PCRs and SEMSCO. "Cash ceiling" is a NYS phrase for how much you can spend. No one is quite sure how it's calculated. The appropriation under "Aid to Localities" that funds training, REMSCOs and Program Agencies has remained unchanged at \$10.6 million.
12. The new test vendor, PSI out of Kansas (which is actually the former to the former test vendor), took over the written exams in April without glitches. They have opened a new portal for Course Sponsor exam score reporting that will offer more robust reports than the previous vendor (Pro Exam). Of note, the Box account used by Pro Exam closed on 6/30. Cards are now hitting the mail 12 business days after each exam. Sweet!
13. Speaking of exams, passing On Site Scoring (OSS) reports will no longer serve as temporary certification cards. It seems that some students have used these temporary cards to begin working in the field only to learn later that they were not actually certified because of missing paperwork from their Course Sponsor. Can you say, "Big liability?" So what then, is the point of plopping down the moola for OSS you might say? Instant gratification (or instant disappointment for those who fail), and not much else. BTW, those seeking OSS need to make their \$20 money order or certified bank check out to PSI, not the former vendor. Revised forms DOH-4245 and DOH-4260 are posted at www.health.ny.gov/professionals/ems/emsforms.htm.
14. The Check & Inject demonstration project ended with 635 agencies participating, reporting 77 uses for asthma or anaphylaxis with no problems. The Commissioner did review the SEMAC/SEMSCO request in January to allow syringe drawn epi (instead of auto-injectors) at the EMT level. This was approved but not without raising the ire of the Check & Inject folks. Policy Statement # 17-06 delineates that EMTs can use a 1 mL syringe, 23 gauge safety needle and vial/ampule of 1 mg in 1 mL epinephrine (same as ALS providers – see www.health.ny.gov/professionals/ems/policy/policy.htm). Owing to inability to name a specific brand or product, the Commissioner elected not to name the Check & Inject epi kit currently marketed by Bound Tree. Hence, there may be a bit of a safety issue, depending on training and smarts in the street.
15. Epinephrine syringe and epi auto-injectors are now required content in all EMT courses. A training program for CLIs and CICs is available on the Bureau Moodle site. Injectable epi will be covered on NYS written tests but there will not be any new practical skills testing requirements. There is, however, a supplement instructional guideline and sample psychomotor evaluation tool on the Bureau web site (useful for agency level training) at

- <http://training.vitalsignsconference.com>. Look for the course titled, “2017 Instructor Update – Epi for EMTs.”
16. Some Check & Inject docs were a tad peeved about DOH instructor training materials teaching epi injection into the deltoid (shoulder) muscle. Their demonstration project trained EMTs to inject in the lateral thigh, which has been shown to be the most effective location to administer epi for hypotensive patients with anaphylaxis. The DOH material mirrored national paramedic instructional guidelines (which use the deltoid). The Check & Inject docs were not consulted and vociferously objected to the modification. The Bureau Policy Statement allows agency Medical Directors or REMACs to make a decision on injection site.
 17. STAC, the State Trauma Advisory Council reports some confusion over nomenclature for area trauma centers. As they designate additional trauma center levels, they will probably adopt the term, “transitional trauma center.” More on that to follow.
 18. As of May, six agencies statewide have not complied with the revised NYS Regulations requiring all ALS services to hold a Controlled Substances (CS) License that took effect July 31, 2016. Their REMACs should be downgrading their ALS statuses. Of note, many agencies are failing to submit required renewal paperwork to maintain their CS licenses in a timely manner. This leads to a Statement of Deficiency (SOD) from DOH and may result in the REMAC downgrading the level of service and requiring return of all CS to the pharmacy. Possessing CS without a license is criminal. On a more positive note, the Bureau issued revised Policy Statements 17-03 on ketamine and 17-04 on fentanyl (see: www.health.ny.gov/professionals/ems/policy/policy.htm). Also, the promised streamlined, fill-in-able PDF CS reporting form DOH-4352 is now available at www.health.ny.gov/professionals/ems/emsforms.htm. Complete one form for each substance carried and note the forms now require a physician signature. If a data field is not available due to the change in forms, please indicate so but start tracking it going forward. Fentanyl and ketamine are reported quarterly, all others semi-annually.
 19. The EMSC (EMS for Children) program reported they are reviewing pediatric BLS protocols for recommended updates. Designation of pediatric receiving hospitals is also currently under discussion.
 20. The New York State EMS Memorial was held May 23, 2017 at the Empire State Plaza. Video has been posted at www.youtube.com/watch?v=JUuF0_m1WKs.
 21. Upcoming conferences with plenty of CE opportunities: Pulse Check in Albany, September 21-24 (www.nysvara.org/pulseCheck/index.html), and Vital Signs in Rochester, October 25-29 (www.vitalsignsconference.com).
 22. The 2017 slate of SEMSCO officers was completed with the election of Mark Philippy as 2nd Vice Chair. He will join Steven Kroll (Chair) and Patty Bashaw (1st Vice Chair). Stephen Cady withdrew his name from the 2nd VC election.
 23. The Systems Committee reports 17 services statewide have shuttered so far in 2017. In 2016, 26 services ceased operating.
 24. The Statewide Mobilization Plan was last reviewed in August 2013. Systems plans to undertake a review/update.
 25. New York State will implement NEMSIS 3 over the course of the next 18 months, for you PCR geeks out there. Currently, 90% of PCRs are submitted electronically.
 26. Of note, the Clarification of Operating Territory (COT) process revised in 2014 remains available, in case you thought it went away. Usage is extremely low.

27. HHS Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) has a host of resources on issues pertinent to EMS response to complex situations, the most recent being Ebola. Read their EMS Infectious Disease Playbook at <https://list.bis.icfi.com/t/2301834/23924288/201/21/>. You will not be disappointed. And if you want more stuff, check out <https://asprtracie.hhs.gov/>.
28. Since summer is upon us, sorta, kinda... OSHA/NIOSH just revised their Heat Index app, now available for both Android and iOS. See <https://blogs.cdc.gov/niosh-science-blog/2017/06/05/heat-index/> for the low down.
29. Not intended to bypass your 911 center, National Grid just rolled out an app for first responders to make notifications of incidents involving National Grid infrastructure (electric or gas). Vetting is needed through your local OEM; the app info can be found at visit: <http://ngrid.irestore.mobi/>. If they're not your utility company, never mind.
30. Well, finally! NIOSH has rolled out their ambulance crash safety video series. Scope it out at www.cdc.gov/niosh/topics/ems/videos.html?s_cid=3ni7d2_ColleagueEmail. They also have a pretty sweet infographic on their ambulance crash tests: www.cdc.gov/niosh/topics/ems/pdfs/Ambulance-INFOGRAPHIC-051617.pdf.
31. The Office of Justice Programs (OJP) recently released a series of toolkits (including one for EMS) on vicarious trauma. If you have no clue what that means, even more reason to check it out. Surf to <https://vtt.ovc.ojp.gov/> and click on EMS.
32. The HHS Office of the National Coordinator for Health Information Technology recently released a report outlining the benefits and challenges of incorporating EMS into Health Information Exchanges (HIEs) which are linked computer systems allowing doctors, hospitals, clinics and imaging centers to share information, results and patient details. See www.healthit.gov/sites/default/files/emr_safer_knowledge_product_final.pdf for a copy.
33. SEMSCO will meet again September 26-27 in 2017 and January 9-10, 2018 at the Hilton Garden Inn in Troy. No word on 2018 meetings beyond January.

These notes respectfully prepared by Mike McEvoy who previously represented the NYS Association of Fire Chiefs on SEMSCO before being replaced by Mike Murphy. Contact Mike at mmcevoy@saratogacountyny.gov 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). Also, past copies of NYS EMS News are parked at the bottom of the EMS News page at www.saratogaems.org. Feel free to download any notes you missed. Tell your friends. The more, the merrier.