

1. Medical Standards got off to an incredibly late start (delayed 20 minutes) for no apparent reason which seemed to foretell some of the ridiculousness that unfolded. The first order of business discussed proposed legislation to be introduced as “Jimmy’s Law” by Assemblyman Kenneth Zebrowski (D - Rockland County). The law would direct SEMAC to write a patient care transfer protocol requiring the transferring service not leave the scene until all life support equipment is attached and functioning properly. “What, what, what,” you say? Yes, committee members were equally speechless. To help understand the circumstances behind this bill, Dr. Jeff Rabrich will reach out to the Assemblyman.
2. Medical Standards approved revisions to the NYC ALS Protocols requiring (much out of step with a national trend) that NYC change references to ½ and ¼ bottles of Cyanokit® to specify actual doses in grams. A medic treating a pediatric structure fire cardiac arrest victim should have more important tasks than calculating a dose easily estimated using the contents of a glass IV bottle. Sadly, drug calculations seemed to take precedence over pediatric patient care for some med standards bureaucrats; kudos to NYC for trying to following a national trend to improve pediatric outcomes.
3. Med Standards proceeded to trounce on NYPD ESU Tactical ALS Protocols; actually shattering a State EMS record by arguing for over 70 minutes on what essentially boiled down to FDNY Commissioners instructing their docs to oppose the NYPD. Why? Duh – they don’t get along; they never have and probably never will. So, despite the fact that the NYC REMAC approved them, Med Standards nitpicked ad nauseum and finally (following distribution of ODT Zofran® to attendees, many of whom were projectile vomiting), settled on a few tweaks that all parties agreed on. Use of transmucosal fentanyl (fentanyl lollipops) was pulled out as a separate motion for SEMAC and SEMSCO, specifying that said lollipops require Regional approval. So ultimately, in a hostile, dangerous environment (somewhat similar to the Med Standards meeting) where ESU Tactical Medics can be pinned down by rifle fire for hours at a time without the benefit of FDNY medics operating alongside them, NYPD now has protocols to provide the best medicine possible for critically injured officers and civilians. Despite the haterade they apparently drink in NYC, these ESU protocols should be considered as an addition to the Collaborative Protocols as a statewide tactical protocol set. Giddyap.
4. Oh, the NYPD was not the only hot button for Med Standards. Local 2507, the Union representing FDNY Uniformed EMTs, Paramedics and Fire Inspectors apparently back doored a kiobosh of a planned vote on revised BLS Protocols by contacting a legislator who contacted the Health Commissioner who took the vote off the agenda. A 2507 Union rep told Med Standards that aspirin administration and epi had to be “negotiated into CFR and EMT contracts” and the FDNY would be unable to comply with the proposed BLS protocols until said negotiations were completed. Oddly, aspirin administration has been mandatory (not optional) under NYS BLS and CFR protocols for some 8 years. When asked if FDNY is in violation of the existing state protocols, the Union had no comment (of course). Even more strangely, FDNY CFRs are represented by the Uniformed Firefighters Association (UFA), not Local 2507. So, 2507 seemed unaware that every NYC BLS bus not only carries aspirin, but by local law, also has an epi-pen. Ultimately, the revised BLS protocols are still hanging out there in draft; hopefully will come up for a

vote in January. If you travel to NYC, bring your own aspirin – you might be able to help a stranger. Local 2507, by the way, also opposed community paramedicine legislation last year. You can't make this stuff up.

5. As though there was not enough bloodshed at Med Standards and SEMAC, folks from Wadsworth Labs gave a presentation on the current requirements for Ambulance Transfusion Services (ATS - www.wadsworth.org/regulatory/blood-program/ambulance-transfusion-services), promptly drawing the ire of virtually the entire room. In fact, the exchange grew rather heated. So as not to belabor you with all the gory details, the complex, confusing, and somewhat convoluted interpretation by DOH of the regulations designed to facilitate ambulance administration of blood and blood products seemed very reminiscent of the unworkable process effected some 15 years ago when EMS started using glucometers. If you were around back then, the DOH application required an architects drawing of your ambulance or fire truck marked with the location that you intended to run your glucometer “lab testing site.” Despite being effect since 2015 (see policy Statement #15-06 at www.health.ny.gov/professionals/ems/policy/policy.htm), there are currently only 10 approved Ambulance Transfusion Services (out of 1,200 eligible to apply). Weirdly, current DOH interpretation of the new regs prohibits a nurse from transfusing blood in the back of an ambulance or helicopter unless the unit is an approved ATS. Ultimately, SEMAC and SEMSCO passed a motion to immediately advise the Health Commissioner that the implementation by DOH of the ATS regs is impeding patient care, putting lives at risk across NYS and a moratorium on enforcement should be implemented until such time as a Committee can be established to review the ATS regs. Post script: the Commissioner agreed wholeheartedly and a moratorium has been effected. Stay tuned on this bloodbath...
6. An updated Instructor Policy Statement will soon post to the Bureau web site (look for # 18-02 or thereabouts). The Bureau reports that folks have been taking the NAEMSE Instructor I course as a fast track to NYS CIC Certification but not consulting with DOH. Anyone with such intentions needs to contract the Bureau prior to enrollment. Some ALS level CIC interns are having problems completing required ALS lectures because ALS Course Sponsors are reluctant to accommodate them (sadly). Anyone in this situation is asked to contact the Bureau for assistance.
7. The updated CME guidance and forms should roll out in a month or so. Rumors of bureaucratic and legislative obstacles to their release are fake news. Don't believe everything you see on Fox News.
8. EMSC (EMS for Children) reports launch of a statewide project to encourage EMS agencies to name a Pediatric Emergency Care Coordinator (PECC). The EMSC project, which mirrors a hospital ED program, will be spearheaded by Southern Tier Health Care System. Anyone interested in serving on an advisory board can send a note to PECC@sthcs.org. The program will likely be the first of several initiatives by the Bureau to launch an EMS Agency Standards of Excellence Program.
9. A little ditty from audits of CME programs: some agencies are using extremely dated material (year after year after year...) and some CME sessions are mixing provider levels

- (i.e., allowing EMTs to receive core content hours from Paramedic or AEMT core content sessions). Neither are good ideas.
10. An item analysis of AEMT test questions suggests that course sponsors are teaching material above the AEMT scope. Course audits of exams and textbooks seem to confirm this. Sponsors are reminded to follow the NYS AEMT Instructional Guidelines. Speaking of audits, a couple pearls from course sponsor audits: students generally love their instructors (a positive finding) and students wish their instructors incorporated CPR throughout their courses (which curiously correlates to the low CPR/BLS scores across all levels on NYS written exams).
 11. Regional Faculty letters of interest are going out to past/current RF. The program will be resuscitated once canvassing is complete.
 12. Director Ryan Greenberg announced that State EMS Council committees will be able to meet by WebEx in between their three scheduled in-person meetings each year. This will allow committees ability to get more accomplished. Ryan also expects the 2014-2015 State Trauma Report to be published (on-line) during October. As always, this report contains some data of keen interest to EMSers. A DOH opioid report will also be released soon, some of which was abstracted from PCR data. It is anticipated that opiate grant programs to expand delivery models and offer additional training in substance abuse and mental health will also include EMS providers. In his travels across NYS, Ryan learned that EMS providers want to hear more from the Bureau. To that end, expects to begin a Bureau newsletter following the January 2019 EMS Council meetings. As a side editorial note, these “unofficial” notes will in all likelihood continue for the foreseeable future.
 13. Bureau Regional Program Agency contracts include performance improvement projects. Those will soon focus on assessing the number of agencies in each region employing additional skills (such as Check & Inject, albuterol, etc).
 14. Bureau Field Reps have new computers! Many of their forms have been migrated to fillable PCR documents. Hence, the next time you have an ambulance inspection, you may receive an emailed report rather than the yellow NCR copy of years gone by. Holy Smokes, Batman! Times they are a changin’
 15. DOH is pilot testing a “Hospital Hub” ePCR portal for docs to access EMS run reports. Speaking of PCRs, there are now some 3 million collected in the Image Trend bridge, the top five patient chief complaints are behavioral emergencies, abdominal pain, traumatic injury, respiratory distress and chest pain.
 16. Retired State EMS Rep Ray Thielke died during September 2018 from a 9-11 related illness. A former Lieutenant in NYC EMS, paramedic for Greater Lenox Ambulance, and Senior EMS Rep for DOH, Ray was a highly regarded friend and colleague to many. Godspeed to our friend and brother.
 17. The Systems Committee heard an appeal of a Wyoming-Erie REMSCO denial of an expansion of primary operating territory application by Orchard Park Fire District EMS, Inc. They recommended, and SEMSCO approved, upholding the decision of the Administrative Law Judge (ALJ) who reviewed the appeal and recommended upholding the REMSCO denial. The skinny on this case comes down to some voting irregularities leading to what may have been an inadvertent denial of the application, coupled with a lack of demonstration of need by the applicant.

18. The Nassau REMAC reported that ALS Services, Inc., suspended by SEMSCO for ongoing failure to submit QA data to the local REMSCO, has complied and is now back in the good graces of the Nassau REMSCO.
19. Vice Chair Mark Philippy reported on Safety Committee activities. They will be leading a review of 800.23 and 800.24 (required equipment for ambulances and first response vehicles). If you have any recommendations for additions or deletions, feel free to email your ideas to Mark at mphilippy@chsmobilehealth.org. Yes indeed, it may well be time to get rid of those sanitary napkins we've been stockpiling for years.
20. A slate of officers for 2019 was proposed: Chair Patty Bashaw (Mountain Lakes REMSCO), 1st Vice Chair Mark Philippy (Monroe-Livingston REMSCO) and 2nd Vice Chair Stephen Cady (Susquehanna REMSCO). These will be voted on in January 2019 and, yes, they are the same officers currently serving for 2018. Déjà vu all over again...
21. SEMSCO bylaws are under review. In case you cared.
22. The Safety Committee planned release of revisions to Policy Statement #00-13 (Operation of EMS Vehicles) was delayed pending driver fatigue recommendations. No word on a revised date. ZZZZZZZZ.
23. #itswhyiserve is the Bureau public relations campaign for EMS provider recruitment. The Bureau home page www.health.ny.gov/professionals/ems/ links to some videos. Somewhere on the Bureau web site is a recruitment toolkit, or maybe not. No, really not. Yet. DOH Director Greenberg believes they will be posted soon.
24. The lowering EMT eligibility to age 17 public 60-day comment period ended on March 26, 2018 and necessitated revisions and a new public comment period. Any who, given the craptacular NYS Register web site that virtually no person can navigate, you'd best subscribe to the weekly notices at www.dos.ny.gov/info/register.htm if you want to learn when the Regulation change is re-released for additional public comment.
25. The Northwell Health on-line bridge course for CCT to Paramedic will launch in Spring 2019. It will be 12 weeks long, consisting of six modules. A gap analysis identified five skills that will be completed and tested at a local course sponsor. The tuition for the on-line class will be \$1,500, paid to Northwell Health. Successful completion would allow the medic's agency to voucher for NYS reimbursement. Depending on enrollment, additional courses will be run sequentially. The choke point will probably be ability of local course sponsors to handle the skills portion of the class. Keep an eye out for the inaugural course announcement, predicted at present to come out in January (of 2019, in case you were wondering what year). The first class will likely begin in February.
26. SEMSCO approved a Finance Committee submitted budget for 2019-2020 of \$6 million for State Operations with a recommendation that the Bureau cash ceiling be set at \$6 million. Also approved was a \$14.5 million request for Aid to Localities which includes training reimbursement (\$10.2 million), Program Agencies (\$3.8 million) and REMSCOs (\$500,000).
27. SEMSCO conducted an EMS Workforce Survey over the summer (2018), garnering some 906 responses. Respondents reported declining numbers of both volunteer and paid responders, particularly paramedics. The decline is delaying responses and causing scheduling difficulties across the state. The respondents' outlook on the future is more

bleak than optimistic. Questions on the survey can be directed to Steven Kroll at steven.kroll@delmarems.org.

28. Are you or your law enforcement friends freaking out about potential fentanyl exposures? In reality, most of this paranoia is fueled by media hype. The feds have produced a really kewl video to accompany the posters they released last fall. Check the video out at <https://youtu.be/6Yc9ISaSKIs>.
29. The NYU Fire Research Group has a bunch of apps they've created for firefighters. They're free and are available for both iOS and Android devices. Scope them out at <http://fire.engineering.nyu.edu/home/>.
30. New Jersey has moved to the National Registry for initial testing of new EMTs. Whodathunkit? NY may soon be the only state not using the National Registry!
31. SEMSCO will meet again January 15-16, 2019 at the Hilton Garden Inn in Troy.

These notes respectfully prepared by Mike McEvoy who has returned for another term on SEMSCO representing the NYS Association of Fire Chiefs. He replaces Mike Murphy who served tirelessly for 8 years. Contact Mike McEvoy 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.