

1. My excuse for the delay in getting you these SEMSCO notes is being named the Executive Editor of JEMS shortly after the SEMSCO meetings. My new role is a bit of a time suck, but I'm excited to work with AJ Heightman, the JEMS and EMS Today staff to develop these great EMS resources!
2. Medical Standards ceremoniously passed a comprehensive update to the NYS BLS Protocols, the first in some 17 years. This feat was not without continued bickering from the two FDNY Unions: UFA Local 94 and Uniformed EMTs, Paramedics and Fire Inspectors Local 2507. Both contend that skills like epi and albuterol (added to the CFR scope of practice) would significantly increase call volume of CFR Engine Companies in the Big Apple. This in turn, is expected to delay responses to fires. The Unions believe the skills should be restricted to FDNY ambulance EMTs so that CFR firefighters are available for fires. Multiple members pointed out that the revised protocols specify, "if trained and equipped" meaning these (and other) skills are operational, not protocol considerations. With just shy of a dozen last minute changes and tweaks, the whole BLS Protocol package finally passed Med Standards, SEMAC and SEMSCO. Educational materials will be shared across regions with a projected statewide cutover date of August 1, 2019. Any region wishing to implement earlier can certainly have at it. To call the entire process anything less than grueling would be a rash understatement. Stay tuned...
3. One interesting (and appropriate, given recent changes to the National Scope of Practice) addition to the BLS protocols is acetaminophen (15 mg/kg) and ibuprofen (10 mg/kg) for fever in children. Wait: was that "changes to scope of practice?" Yup, you read that right and those changes are coming. NAEMSE (the contractor hired to make the revisions) recently sent their final draft to NHTSA for approval. You can get a sneak peak here: [https://cdn.ymaws.com/naemse.org/resource/resmgr/Docs/SoP\\_Final\\_Draft.pdf](https://cdn.ymaws.com/naemse.org/resource/resmgr/Docs/SoP_Final_Draft.pdf).
4. Med Standards also approved updates to the NY Collaborative Protocols. Highlights included incorporating all the newly approved Statewide BLS protocols, addition of oral Tylenol® and Motrin® for pain and fever, combining the asthma and COPD protocols, and moving WMD treatments to the appendix.
5. You might recall the September 2018 discussion on proposed legislation from Assemblyman Kenneth Zebrowski (D - Rockland County) requiring SEMAC to develop a patient care transfer protocol requiring the transferring service not leave the scene until all life support equipment is attached and functioning properly. To drill into this bill, Dr. Jeff Rabrich met with the Assemblyman. Instigating the Bill was a 2011 transfer from a NY hospital to a Pennsylvania Children's hospital where ventilator issues contributed to a child's death. The concern for standardized hand-off protocols is addressed in the newly approved NYS BLS Protocols. Relatedly, our Rochester colleagues have a pretty good set of tools (MIST) available on their REMSCO site: [www.mlrems.org/patient-handoff/training-videos/](http://www.mlrems.org/patient-handoff/training-videos/).
6. Some staffing changes at the Bureau: welcome Steve Dziura as the new Deputy Director (a position not occupied since the reign of Marjorie Geiger ended many moons ago). Congrats also to Valerie Ozga as the new Coordinator for the Vital Signs Conference. On list of other good choices, Jean Taylor is the acting Director of Education. Finally, Lynne

Feruggia [spelling?] is the new Deputy Director for Administration, overseeing Contracts and Purchasing.

7. After the Ambulance Transfusion Service brouhaha that erupted during the September, 2018 SEMAC and SEMSCO meetings, the regs are under review. Ironically, but not surprisingly, the Wadsworth Center, Blood Resources page has gone dark (who'da thunk it?). There is, apparently, an emergency exception to the ridiculously onerous regs allowing transfer of a patient receiving blood products between two Article 28 facilities (i.e., hospitals) without an authorized "Ambulance Transfusion Service." The sending hospital Blood Bank is required to notify Wadsworth that such a transfer occurred. Stay tuned for more on this one. Meanwhile, San Antonio, TX EMS is having incredible results administering whole blood to trauma patients in the field. That's probably about two decades away in NY!
8. STAC (State Trauma Advisory Council) is encouraging trauma centers to work more closely with their EMS agencies. There are 21 Level 1 centers (4 Pedi), 13 Level 2 (7 Pedi) and 9 Level 3 trauma centers at present. Hit 'em up.
9. In the same vein, DOH sent a letter to all NY Hospitals advising them that it is NOT a HIPAA violation to share patient information with EMS. If you need metrics for your quality improvement programs, ask. Should you encounter a kerfuffle, [www.health.ny.gov/professionals/hospital\\_administrator/letters/2018/docs/dal\\_18-10\\_hospital\\_feedback\\_to\\_ems.pdf](http://www.health.ny.gov/professionals/hospital_administrator/letters/2018/docs/dal_18-10_hospital_feedback_to_ems.pdf) should help set things straight.
10. A few members of the Systems Committee got their panties in a bunch when the Bureau failed to provide a written report of service closures, appeals, etc. Staffers advised that DOH required approvals would delay issuance long beyond the meeting. They were however, optimistic that send a written report summarizing their oral report could be done quickly. Lo and behold, said written report came out days after the meeting. Wonder of wonders.
11. May 19<sup>th</sup> (during EMS week), from noon until 4pm, DOH encourages EMS agencies to get out into their communities and raise awareness of EMS capabilities. The Bureau plans to release marketing materials for use in spreading the word.
12. Under newly codified regulations, DOH will begin designating three types of stroke centers: primary, thrombectomy capable and comprehensive. This will happen over the next several years using four external accrediting bodies. Each currently approved stroke center, and any seeking a designation will need to be accredited in order to receive a DOH designation. A two year review cycle will also kick in once the process is in place.
13. Curaplex (aka Bound Tree Medical) issued a recall of Check & Inject epinephrine kits last year after the FDA cited them for having an "off label" pediatric dose. The FDA approved peds epi dose is 0.01 milligrams per kilogram. The kit's provision of 0.15 mg for, "any patient under 30 kg" constitutes an "overdose" for kids under 15 kg, according to the FDA who, no doubt, was responding to a commercial manufacturer that "just happened" to be launching a competitive product at the same time the complaint to the FDA arrived. While Curaplex has revised the kit to include a 1 mL syringe (so providers can deliver any dose), most medical directors have pooh poohed the recall as ridiculous. DOH Policy Statement #17-06, for you inquiring minds, does not specify use of Check &

Inject, but rather any 1cc syringe with a 23 gauge, 1 inch, intramuscular safety needle and single dose epinephrine packaged in a 1mg/ml vial. Get your hot little hands on the policy at [www.health.ny.gov/professionals/ems/pdf/17-06.pdf](http://www.health.ny.gov/professionals/ems/pdf/17-06.pdf). LOL; the new Bound Tree kit contains a 25 gauge needle but I've yet to hear any whining about that, compared to the \$800+ cost of an Epi-Pen®. Whatever.

14. Finally! The CC to Paramedic program is on. Scope out [www.learnemt.org](http://www.learnemt.org) for the low down on the Northwell Health CC to Medic Bridge Program. Registration opened 1-2-2019 for the first year-long class which starts on 2-15-2019 and applications were accepted through the end of January. Northwell anticipates 50-60 students, completing the didactic material on-line and skills at a local ALS course sponsor. If things go as planned, another class should begin in June. This is great news!
15. The EMSC (EMS for Children) Program and Southern Tier Health Care System are pushing EMS agencies to appoint Pediatric Emergency Care Coordinators. Currently, 12% of agencies have a PECC; the goal is 90% by 2026. The PECC role is to serve as a resource for peds medications, equipment and supplies; bring pedi CE into the agency; develop pediatric simulation programs; and guide development of pediatric clinical practice guidelines. The PECC does not have to be an expert but rather, a facilitator of change. More info at [www.sthcs.org/pediatric-prepared.html](http://www.sthcs.org/pediatric-prepared.html).
16. Regulation change lowering the age limit for EMT certification to 17 took effect January 9, 2109. Candidates who turn 17 up to the last day of the month in which their written exam is scheduled are now eligible to enroll in an EMT Original course. Take note: this might be better than hanging out at the mall.
17. The process for verification of NY EMS Certification when applying for reciprocity out of state has gone electronic (omigod, don't say it's so!). The email process reduced the time for verification from 3 weeks to 4 days, not that we really want you to leave NY...
18. A revised Instructor Training Policy is forthcoming to address the issue described in our previous SEMSCO notes regarding CIC Internships. If you skipped your Alzheimer's meds today, CIC candidates with no interest in teaching at the ALS level are currently still required to teach some ALS classes during their internship. This is creating considerable hardship and will end. Under the new policy, CICs can be designated ALS or BLS, can upgrade later if they choose, and their level will appear on their CIC certificate. Stay tuned...
19. Training and Education has a couple projects underway. Firstly, they plan to review the Spinal Motion Restriction Protocol and associated training materials for consistency with the most recent national policy statements. Secondly, they remain concerned about the consistently high failure rate on the AEMT exam; this does not seem related to the exam itself. More likely, the SEMAC approved adulteration of the national AEMT curriculum led many course sponsors to use paramedic (instead of AEMT) textbooks. Students studying for the AEMT exam may be overwhelmed by medic level content, causing them not to focus on the AEMT material. Training and Ed plans to review the NYS additions to the national AEMT curriculum with an eye to whether these skills and knowledge are actually used to affect patient outcomes.

20. Here's a couple little diddies for Course Sponsors: (a) end of course paperwork: PSE skills summaries and students ineligible to test forms need to total the same list of students as the official DOH Class List. Of late, students enrolled in classes sometimes vanish (i.e., fail to appear on either the PSE summary or ineligible to test form), leaving DOH scratching their butts trying find the MIAs. (b) Course sponsor renewal paperwork is out. It's due in June so if you didn't get yours, contact Jean Taylor lest you be MIA. (c) CICs who expire during the course they are applying to teach will no longer be approved. Keep in mind that Mom (i.e., DOH) no longer sends reminders to CICs and CLIs that they are due for renewal. (d) The Course Sponsor Google Group is no longer functional. It left with Andy Johnson. Messages are being sent from the Bureau directly to the Sponsor's Administrators.
21. Vital Signs is getting a makeover for their October 24-25 conference in Buffalo. For the first time ever, a call for presentations was issued (maybe that will bring in some fresh new talent). Keep an eye out for details at [www.vitalsignsconference.com](http://www.vitalsignsconference.com).
22. The New York State EMS Memorial Dedication is scheduled for May 21, 2019 at the Empire State Plaza starting at 11:00 am. Sadly, all 7 providers being remembered died of 9-11 complications, a haunting continuance of the attack on America that continues to cost lives of responders. See [www.health.ny.gov/professionals/ems/emsmemorial.htm](http://www.health.ny.gov/professionals/ems/emsmemorial.htm).
23. You might not be in Kansas anymore, Toto, but if you're looking for some great pediatric training scenarios, Kansas has an incredibly amazing training aid they've posted at [www.kdheks.gov/emsc/download/Kansas\\_Pediatric\\_Scenario\\_Guidebook.pdf](http://www.kdheks.gov/emsc/download/Kansas_Pediatric_Scenario_Guidebook.pdf).
24. DOH has a Facebook Community! Search for NYSDOH - EMS Community. You need to apply to join but, once in, you'll get news and updates from DOH and fellow members.
25. 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.
26. As predicted by the Psychic Hotline, officers for 2019 were elected: Chair Patty Bashaw (Mountain Lakes REMSCO), 1<sup>st</sup> Vice Chair Mark Philippy (Monroe-Livingston REMSCO) and 2<sup>nd</sup> Vice Chair Stephen Cady (Susquehanna REMSCO/PFFA).
27. AT&T, the vendor rolling out FirstNet [www.firstnet.com](http://www.firstnet.com) increased their Long Term Evolution (LTE) coverage by more than 50,000 square miles during 2018, covering an additional 1 million people. They also deployed Band 14 (the dedicated Public Safety cellular spectrum) in 500 markets. As of January 2019, some 5,250 public safety agencies using 425,000 devices were on FirstNet, a 60% increase since October 2018. While FirstNet is the nationwide broadband network selected by every state for first responder coverage, and AT&T the selected vendor to build and run the network, other carriers such as Verizon are offering what they consider to be very competitive pricing and coverage. Competition is definitely a good thing but if you using another provider, should you switch? The answer probably depends firstly on coverage: until the AT&T FirstNet network is fully built out, you might not get coverage equivalent to the provider you currently use. Customer service is a second consideration, and the experience with AT&T FirstNet varies widely. My personal experience was kinda like bashing my head against the wall. Repeatedly.

28. The Bureau continues to convert forms and reports to electronic format. This implies a need to assure your agency contact information is current with the Bureau. Nothing worse than having your ambulance inspection reports emailed to last year's Chief, eh?
29. Sadly, the Easter Bunny will not likely bring you a new CME Policy Statement. But, April showers bring May flowers and you should see the updated policy statement by the May SEMSCO meetings. May 2019, that is, just to be clear.
30. Some 30 draft quality metrics have been distributed to Medical Standards Committee members for review. The Bureau hopes to have 5 or 6 measurable (using PCR/NEMESIS data) metrics for help in promoting EMS quality across NYS.
31. ET3 is the hot buzzword in EMS circles these days. Miraculously, CMS (Centers for Medicare and Medicaid Services) suddenly realized that, "EMS is only paid when they transport a patient to the hospital." As a result, "patients are unnecessarily being transported." Shut the front door! This five-year innovation program will reimburse for transports to hospitals (as they do now), transport to alternate (non-hospital) destinations, and for treatment on scene (without transport). The shocking details are available at the CMS site: <https://innovation.cms.gov/initiatives/et3/>.
32. EMS Agenda 2050, a futuristic view of where EMS is (or should be) headed was published. Scope it out at [www.ems.gov/projects/ems-agenda-2050.html](http://www.ems.gov/projects/ems-agenda-2050.html)
33. Another future looking document was recently released at [www.emsinnovations.org/](http://www.emsinnovations.org/). With over 250 actionable recommendations addressing barriers across 7 major areas: Law and Regulation, Finance, Education, Regional Coordination, Interdisciplinary Collaboration, Medical Oversight, and Data/Telecommunications; this paper is affectionately referred to as PIE (Promoting Innovations in EMS). Probably not as easy as pie, though...
34. NAEMT has a pretty awesome Guide to Building an Effective Wellness and Resiliency Program - [www.naemt.org/docs/default-source/ems-preparedness/naemt-resilience-guide-01-15-2019-final.pdf?Status=Temp&sfvrsn=d1edc892\\_2](http://www.naemt.org/docs/default-source/ems-preparedness/naemt-resilience-guide-01-15-2019-final.pdf?Status=Temp&sfvrsn=d1edc892_2)
35. The annual Zoll EMT Scholarship Program, aimed at supporting EMS providers seeking to advance their education ([www.zoll.com/medical-markets/ems/emt-scholarship/](http://www.zoll.com/medical-markets/ems/emt-scholarship/)) is accepting applications through April 15, 2019. If you or a fellow EMSer could use some moolah to support paramedic education, check it out.
36. The National Institute for Occupational Safety and Health, National Personal Protective Technology Laboratory issued Conformity Assessment Interpretation Notice 2018-1005 Rev 1 regarding facial hair and the selection and use of respiratory protective devices. They published this to clarify their October 2, 2006 NIOSH "Letter to all Manufacturers" titled: NIOSH Policy for Respirator Sealing Surfaces and Facial Hair. The revised notice clarifies the NIOSH definition of respirator sealing surfaces, including the primary seal, and facial stubble. The revised notice supersedes the October 2, 2006 letter and the August 2018 version of NIOSH CA 2018-1005. Long story short, if you wanna know what facial hair will trip you up on your next fit test, here ya go: [www.cdc.gov/niosh/npptl/resources/pressrel/letters/conformityinterp/CA-2018-1005-R1.html](http://www.cdc.gov/niosh/npptl/resources/pressrel/letters/conformityinterp/CA-2018-1005-R1.html)



37. SEMSCO will meet again in 2019 on May 7-8 and September 24-25, then January 14-15 in 2020. Meetings will remain at the Hilton Garden Inn in Troy. The sun will also rise again.

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](mailto:mmcevoy@saratogacountyny.gov) or visit [www.mikemcevoy.com](http://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](http://www.saratogaems.org). Feel free to download any notes you missed. Tell your friends. The more, the merrier.