1. Apologies for the complete lack of SEMSCO notes this past May. A horrible family tragedy left me with no time to report. So, we pick up with September. I'll explain any references to May where apropos…
2. In a meeting that seemed like it might never end, Med Standards approved NYC HazTac protocols including BLS administration of an ophthalmic calcium gluconate solution for hydrofluoric acid exposures. They also approved a NYC change to their tension pneumothorax protocol, a demonstration project based at Maimonides Medical Center using a breath activated ketamine nebulizer for extremity trauma, and several Recue Medic protocol revisions including addition of burn dressings and replacing succinylcholine with rocuronium. This is right about where things turned messy…
3. Last May, long overdue revisions to the statewide BLS protocols were completed. The i's were dotted, t's crossed and SEMAC and SEMSCO approved an incredibly long and protracted effort by the Collaborative Protocol Group working with Med Standards to author the BLS Protocol revisions. These were published on the Bureau web site (www.health.ny.gov/professionals/ems/protocol.htm) and accompanied by an update module on the new Statewide EMS Learning Management System (www.vitalsignsacademy.com). The effective date was to be August 1, 2019. Whoa! Apparently, not so for NYC who foresee a training nightmare, of sorts. In lieu of using the Statewide BLS protocols, NYC proposed their own "Unified" protocol (perhaps a clever twist on the "Collaborative"?). These would consolidate NYS BLS and NYC ALS protocols into a single document, much the same as the Statewide Collaborative Protocols. NYC offered a draft of their Unified protocol; they expect to have the rest completed for the January State Council meetings. Whether their BLS components would mirror the newly published Statewide protocols is questionable – the draft submitted certainly did not. Where this goes, nobody knows, but rather than continue discussion into the wee hours of the night, Med Standards dropped it until January. In the interim, every other region in NYS will decide on when and how they roll out the revisions.
4. A few tweaks were approved to the Statewide Collaborative Protocols pertaining to treating fever in children and during pregnancy, as well as emergency care of patients with heat emergencies. The revision process for the Collaborative Protocols was also discussed; a framework is under development albeit, at a snail's pace and not without considerable debate, politics and preference by some to ignore it until it goes away. LOL.
5. A letter sent in May to the Health Commissioner called attention to State Ed regs that seemingly prohibit school nurses from using Stop the Bleed supplies like hemostatic agents and tourniquets without a prescription. Feedback from DOH suggests these silly barriers will be removed.
6. In Training and Education news, Computer Based Testing (CBT) will be an option starting in October for CLI and CIC exams. Starting in Nov/Dec, it will fold in the other exams. The vendor, PSI (www.psionline.com) currently has 29 testing sites around the State at which students can schedule exams at their convenience. The student cost will be $28 and, if the exam is successfully completed, a temporary certification card will be issued on site, allowing the provider to practice. With the CBT rollout, onsite scoring will come to an end in the first quarter of 2020. To facilitate CBT, course sponsors will need

to send the Bureau an Excel file with student email addresses beginning in January (more on that to follow). Don't say Santa didn't bring you anything for Xmas!

7. OMG - the revised CME Recertification Program Manual is now available. It takes effect January 1, 2020 with a 6-month phase-in during which either current or new forms and requirements can be used. The manual is a little tricky to find but here's a direct link: www.health.ny.gov/professionals/ems/certification/docs/cme_recert_pgm_adm_manual.pdf. The new requirements align more closely with the revised National Registry Continued Competency Program (NCCP), expand eligibility to CFRs, eliminate previous geographic restrictions and require participating agencies use ePCRs by 2022. BLSFR agencies must register at least one emergency response vehicle that complies with Part 800, subject to spot inspections by the Bureau. The new manual is worth a detailed read if you're a CME participant. By the time the Easter Bunny hops in, the details of this whole new shebang will be better understood. Don't have a melt-down – the hour requirements are less across the board, the submission process is moving from pages of paper to one 3-page electronic form and the whole process is going to be wonderfully simpler.
8. Starting in January, Paramedic Practical Skills Exams (PSEs) will use the National Registry test. One NREMT approved evaluator will come from the Bureau and one will be drawn from a pool of recently trained examiners in NYS.
9. The Northwell Health CC to Medic bridge program is proceeding nicely. The third cohort will be seated shortly. The first class, which will conclude early next year, has a (very low) 8% attrition rate and expects to graduate 85+ students. Their typical participant has 13 to 17 years of field experience and holds a college degree. Information on upcoming classes is available at www.learnemt.org/cc_to_Medic_bridge.php. Most participants find the program more challenging than they believed it would be.
10. A proposal (back at the May meeting) to roll back the NYS AEMT curriculum to match the national (2012) EMS Educational Standards for AEMT met with some questions from SEMAC regarding what skills would actually be removed. The answer, from an evaluation of the current curriculum is: (a) oral and nasotracheal intubation (b) end-tidal CO_2 monitoring (c) direct laryngoscopy for airway obstruction and (d) venous blood sampling. Of note, venous blood sampling is not currently in the paramedic educational standards but both $EtCO_2$ and venous blood sampling are included in the 2019 AEMT scope of practice just released by NHTSA.
11. A Regional Faculty Workgroup, spun off from Training and Education, is currently working electronically to develop a job description for Regional Faculty. The Bureau intends to use this to redesign the RF program.
12. A proposal to drop the BLS practical skills tests from advanced level (AEMT and Paramedic) practical skills exams was tabled by Training & Education until January. More study is needed regarding CoAEMSP accredited programs and their testing requirements.
13. Training and Education endorsed a series of regulatory changes to Part 800 that would increase access to EMS Certification in NY. These were endorsed by SEMSCO and will proceed through the legislative public commentary process:

Section	Change
800.6 Initial Certification Requirements	• Updates outdated requirements and language. Clarifies • the minimum age requirements for each certification level. • Allows for Emergency Medical Responder (EMR) to acceptable education training curriculum for NYS CFR courses. • Requires the examination process (psychomotor and cognitive examinations) be completed within a year of the course end date.
800.7 Reexaminations – Applicants for Initial Certification	• Section removed and combined with section 800.10.
800.9 Continuing Medical Education Recertification	• Section name changed to "Recertification by Continuing Medical Education." • Removes the requirement to be a current or active member or employee of an agency.
800.10 Reexamination – applicants for recertification	• Section name changed to "Retesting – Applicants for Initial Certification or Recertification." • Allow for three full attempts of the psychomotor examination. • Allow for three attempts of the cognitive examination before requiring remedial training. After remedial training, candidate is allowed three additional attempts. • After six total attempts, the candidate is required to complete a full course.
800.12 Reciprocal Certification Requirements	• Updates outdated language. • Requires the candidate to have attended a course that was based on national EMS education standards. Clarifies the age requirement for certification. • Allows for nationally certified applicants to obtain NYS certification. • Removes the requirement that NR or out of state certified candidates provide proof of a PSE and written examination within the past three years.
800.13 Certification	• Section name changed to "Reciprocal Certification." Updates outdated language.
800.17 Period of Certification	• Extends the period of certification for all levels from 36 months (3 years) to 48 months (4 years).
800.18	• Updates outdated language.

14. Depending on where and when you think you saw it, there's an updated National Scope of Practice Model. For our purposes, let's say it came out in January 2019. The document is here: https://cdn.ymaws.com/naemse.org/resource/resmgr/Docs/SoP_Final_Draft.pdf. Next steps depend on the direction chosen by NHTSA. They may RFP a bridge document

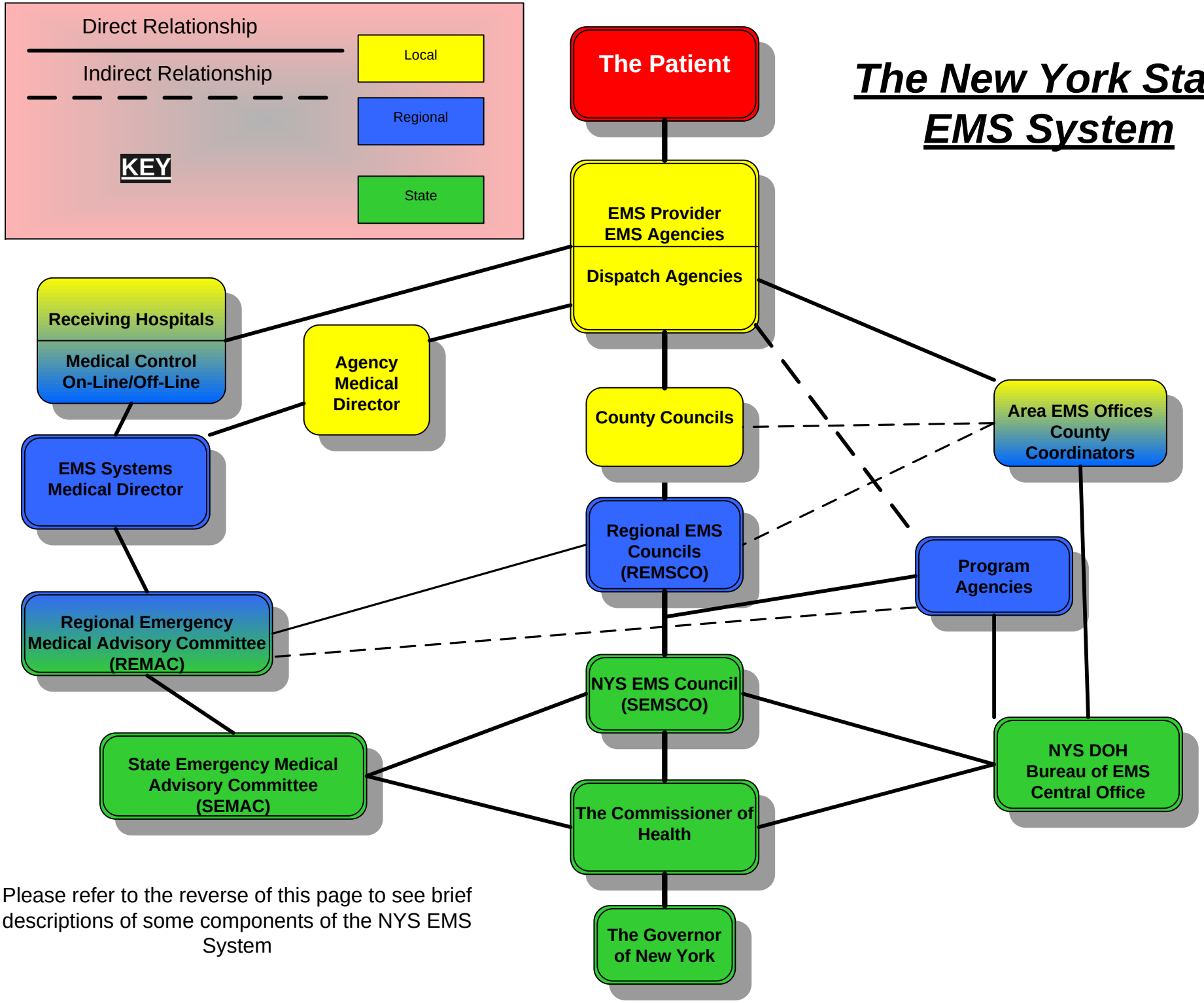
or perhaps RFP a complete rewrite of the educational objectives. The devil will be in the details, probably to be revealed late this year or in the Spring of 2020. When might you see the changes in books and courses? Not this year, not next, maybe 2021 or after.

15. NEMSQA, the National EMS Quality Alliance, funded by NHTSA to take over where the EMS Compass project left off, has released their first set of National EMS Quality Metrics. The measures, based on the original EMS Compass Measures can be accessed and downloaded, along with explanatory material from www.nemsqa.org/completed-quality-measures. If you are looking for evidence-based metrics for your organization to measure and use to improve patient care, these are the real deal. Not just because I sit on their board, but because the processes used to derive these actually have roots in science, not just, "feel good" opinions of EMS gurus, I'd suggest you take a close look.
16. With the recent reg change lowering the age for initial EMT certification to 17, concerns abound about the legality/legitimacy of 17 year olds signing EMT applications, RMA and PCR forms, narcotic logs and other documents. These will be discussed at the January State Council meetings.
17. The SEMSCO Finance Committee plans to survey course sponsors on their actual costs to run training courses. A 2008 survey found Bureau reimbursement covered only 71% of course sponsor costs of running an EMT-Original class. Using Consumer Price Index trends, current funding probably only covers 59% of costs. The survey results should be interesting and, keep your fingers crossed, will help to push for some $ increases.
18. An SEMSCO appeal from Mobile Life Support Services in the matter of an Expansion of Operating Territory approved by the Hudson Valley REMSCO for New Windsor Volunteer Ambulance to include the Town of Cornwall was heard by the Systems Committee. They recommended SEMSCO reverse the decision of the REMSCO. The motion passed with 10 yes and 9 no votes.
19. Martha Gohlke, who for the past 12 years managed the EMS for Children program, left the Bureau for a position with the AIDS institute. A replacement has yet to be named. The Pediatric Emergency Coordinator (PEC) initiative most recently undertaken by EMSC has 150 participants to date. That's pretty good! Additionally, new protocols are under development for safer transport of children. Zoom, zoom.
20. SEMAC discussed a rewrite of their kinda ancient Advisory #08-01 to include supraglottic airways. Currently, the requirement for waveform capnography only applies to endotracheal tubes: www.health.ny.gov/professionals/ems/semac_advisories.htm. This Advisory was written before the explosion of SGAs in EMS. Continuous waveform capnography is the current standard of care for any advanced airway. Nuf said.
21. The New York Chapter of the American College of Emergency Physicians announced that Dr. Chris Fullagar was awarded the 2019 Advancing Emergency Medicine Award for his outstanding and tireless work on the Collaborative Protocols. Congratulations!
22. The National Association of EMTs named Dr. Michael Dailey the 2019 NAEMT EMS Medical Director of the Year for his exemplary leadership in protocol and systems development. Congratulations!
23. Ron Hasson was recognized for some 35 years of service on SEMSCO. Dan Clayton was named Chief of Operations for the Bureau of EMS and Trauma.

24. A number of pretty impressive NYS EMS Awards will be presented at the Vital Signs Conference in Buffalo. The details are posted at www.vitalsignsconference.com/wp-content/uploads/2019/09/Award-Winner-Flyer.pdf
25. Supposedly, the ambulance transfusion service application process has a newer, more simplified application. EMS services looking to administer blood and blood products during transport should find the process a bit easier to navigate. As of this writing, nothing new has appeared at the www.wadsworth.org/regulatory/blood-program/ambulance-transfusion-services site. Maybe soon…
26. A big chunk of SEMSCO time burned away on an old business item: The North Shore Ambulance and Oxygen appeal. Firstly, there was a little brouhaha on whether to go into Executive Session. Then, SEMSCO did go into Executive Session. Afterwards, some additional letters opposing the application under appeal were determined not to constitute significant opposition. Finally, an impassioned 12-minute-long commentary from Al Lewis, representing the United New York Ambulance Network (UNYAN) preceded a vote by SEMSCO not to uphold the decision of the Suffolk REMSCO to approve an expansion of operating territory in awarding an expansion of operating territory to NSAOS. There were 12 no votes and 7 yes votes. The Chair best summed up the debacle with her "Holy Moses" comment.
27. For the "newbies" on this list, I'm attaching a little diagram and explanation developed many moons ago by Ron Hasson (see item #23) to illustrate the NYS EMS System.
28. SEMSCO will meet again 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 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.

The New York State EMS System



Please refer to the reverse of this page to see brief descriptions of some components of the NYS EMS System

The NYS EMS System
A brief review of Local, Regional & State Organizations.

NYS EMS Council (SEMSCO)

SEMSCO is an advisory body to the Commissioner of Health in areas of concern involving EMS. SEMSCO's charge and statutory authority can be found in Article 30 Section 3002 of the Public Health Law

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State Emergency Medical Advisory Committee (SEMAC)

SEMAC is a committee of SEMSCO. The charge and authority of the SEMAC can be found in Article 30 Section 3002a of the public Health Law. SEMAC is responsible for recommending to SEMSCO minimum standards for medical control, treatment, triage and transportation.

Regional EMS Councils (REMSCO)

The charge and authority of REMSCO can be found in Article 30 section 3003 of the Public Health Law. Each REMSCO is comprised of representatives from local ambulance services, physicians, nurses, hospitals and other EMS Organizations. The County EMS Coordinator serves as an ex-officio ember of REMSCO. The primary function of the REMSCO is to encourage and facilitate regional cooperation and organization of local EMS systems. The REMSCO is the local provider's direct link to SEMSCO and the Bureau of EMS.

Regional Emergency Medical Advisory Committee (REMAC)

REMAC charge and authority can be found in Article 30 section 3004a of the Public Health Law. REMAC's role is to facilitate local medical direction, and guide the development of regional EMS systems. REMAC has the authority to develop policies and procedures; develop triage, treatment, and transportation protocol consistent with those of SEMAC; and address specific local issues.

Program Agencies

The role of the EMS program agency can be found in Article 30 section 3003a of the Public Health Law. DOH funds these agencies to assist the REMSCO's and the DOH in developing regional EMS systems. These organizations have no statutory authority and were created to provide professional and clerical staff to implement and support the REMSCO's and REMAC's and provide day to day continuity to the evolution of the regional EMS system.

Please refer to the diagram on the reverse of this page to see a pictorial view of the NYS EMS System