1. The Paul Coverdell program funding to NYS to track and improve stroke care (www.cdc.gov/dhdsp/programs/stroke_registry.htm) gave SEMAC and SEMSCO some preliminary feedback from the AHA Get With The Guidelines (GWTG) Stroke database used by 59 of the 120 NYS designated stroke centers to benchmark themselves. Current EMS opportunities for improvement include more consistent documentation of four stroke performance indicators: last known well time, symptom onset time, results of the Cincinnati Prehospital Stroke Scale (CPSS) and blood glucose. Stroke centers report sporadic EMS stroke notification and are often not getting PCRs. They need more than 15 minutes notice to properly scramble their stroke teams. There also seems to be inconsistency across the state in EMS practices related to the window for administration of tPA (clot busting medication), recently expanded past 3 hours. Soooo…

2. The NYS DOH stroke folks recommended several changes to the NYS BLS stroke protocol. These included adding last known well time, changing the critical window for EMS transport time from 2 hours to 3.5 hours, requiring blood glucose monitoring, pre-hospital notification and hospital collection of EMS data. After considerable wrangling over blood glucose monitoring and oxygen administration parameters, the proposal was tabled. In fact, all BLS Protocols are up for review; a group was assembled to commence that process.

3. The Check & Inject NY (syringe epinephrine kit for BLS providers) demonstration project reports 580 agencies enrolled, 18,900 EMS providers trained and 61 epi administrations to patients with no complications. No word yet on if (or how) this massively cost saving program might be made permanent.

4. On the subject of epi auto injectors, it appears that Congress sufficiently embarrassed EpiPen® manufacturer Mylan over its preposterous price increases (a 2-pack went from $100 in 2007 when Mylan acquired the EpiPen brand to nearly $800 today). In December, Lineage Therapeutics rolled out a generic EpiPen called Impax selling for roughly $100 per 2-pack. It looks remarkably similar (www.epinephrineautoinject.com) to an earlier version of the Mylan EpiPen which, of course it is – Lineage Therapeutics is owned by Mylan (duh). Simultaneously, Amedra Pharmaceuticals jumped on the bandwagon with Adrenaclick® another generic epi auto injector (www.adrenaclick.com) that retails for about $140. At least now, there are choices. Check & Inject, however remains considerably cheaper.

5. As though that’s not enough news on epi auto-injectors, Section 3000-C of Public Health Law Article 30 (the section on epinephrine auto-injector devices) was extensively rewritten by the legislature. While the revisions have not yet appeared on the DOH website, they essentially eliminate the need to file a notice of intent, allow prescribers to write a non-patient specific epi auto-injector prescription, and expand the list of eligible persons and entities who can possess and use them to include just about any public facility including amusement parks, restaurants, stores, day care and sports facilities. The revisions take effect March 28, 2017. Even though a notice of intent is no longer required, the Bureau encourages Regions to continue tracking use by EMS agencies.

6. Medical Standards, SEMAC and SEMSCO approved revised NYC ALS Protocols. Med Standards heard an FDNY proposal for a CFR demonstration project adding nebulized albuterol, aspirin and epi-pens to their CFR program. FDNY officials noted that fire arrives first in 50% of high priority calls and is on scene for an average of 3 minutes and 47 seconds prior to EMS. There was an unusually lengthy banter about this proposal but
it was approved. At SEMAC, the FDNY revised their proposed demonstration project to include only albuterol. Both epi and aspirin are already authorized at the CFR level. This change was approved. At SEMSCO, the whole thing blew up. Literally. Firstly, a FDNY Union spokesperson pointed out that the proposal would generate an additional 384 fire runs per day, likely interfering with the FDNY response to fires. Then, the FDNY Uniformed EMTs, Paramedics and Inspectors Local 2507 SEMSCO rep made an impassioned presentation requesting defeat of the proposal and defeated it was. His points included the excessive length (beyond the statutory hours cap) of the FDNY CFR program, lack of enthusiasm for EMS by FDNY firefighters, and the seeming intent to broaden the scope of FDNY CFR to EMT level in lieu of requiring firefighters to be EMTs. The January 11th SEMSCO meeting video is probably worth a watch at www.health.ny.gov/events/webcasts/archive.

7. Could SEMAC Advisories be facing extinction? Maybe. They are, after all, as old as dinosaurs (www.health.ny.gov/professionals/ems/semac_advisories.htm). Advisory 97-03 on Hyperventilation in Severe TBI might best be moved to BLS Protocol as per discussion at SEMAC. That would leave only one man standing (08-01 on Capnography to confirm ET placement). Questions were raised on whether anyone actually reads these lonely advisories. True dat.

8. Revised NYS Regulations require all ALS services to hold a Controlled Substances (CS) License, effective July 31, 2016. In December, the Bureau wrote to 77 ALS agencies without CS licenses giving them until 2/1/2017 to either begin the CS application process or cease operating at the EMT-CC or Paramedic level. Statewide, five agencies have dropped down to AEMT level and four to BLS. 54 agencies have not declared their intentions. One third of these agencies are in a single county. D’oh.

9. On the subject of new stuff, On November 14th 2016, Governor Cuomo signed into law a bill (A03590-B / S05542) amending Executive Law in relation to qualifications to serve as an Emergency Medical Technician (including all levels of certification as well as persons who may provide care or transportation to patients). This law takes effect March 14, 2017 (120 days from signing). The law requires Chief Officers of agencies operating ambulance services to check the sex offender registry when reviewing applications for membership/employment in the organization. Applicants must be notified that their personally identifying information will be checked against the public records of those individuals required to register under article 6-c of the Correction Law (the NYS Sex Offender Registry maintained by the NYS Division of Criminal Justice Services). The law further requires that agencies must make eligibility for membership determinations consistent with Article 23-A of the Correction Law, and that a copy of Article 23-A be provided to the applicant. Agencies should also consider how they will document and maintain their record of when/who called/checked the registry and the result of the search. Sex Offender Registry www.criminaljustice.ny.gov/SomsSUBDirectory/search_index.jsp. Agencies may want to consider adding a notice like this to their membership/employment application: Notice: EMS agencies in NYS are required by law (Executive Law, Section 837-s) to check applicants (who may be involved in the care or transportation of patients) personal identifying information against the Sex Offender Registry and make a determination of eligibility to become a member/employee pursuant to Correction Law Article 23-A.
Not to drag this on ad nauseam, but a couple of pearls: firstly, it may be better to have an investigative firm do these background checks. Many ambulance insurance carriers offer discounts on background check services for their clients. Secondly, the fire service is required to do non-fingerprint arson and sex offender background checks. Their law funnels these checks through County Sheriff’s Departments via a process established by DCJS (the State Division of Criminal Justice Services). When contacted, DCJS knew nothing of the new law affecting EMS which seems to imply that there was no intent for DCJS or County Sheriff’s to help EMS (as they are required to do for the fire service). Lastly, when implemented several years ago, the fire service quickly ran afoul of 23-A which clearly states that a service cannot discriminate based strictly on a conviction. Policies are needed on how a conviction should be handled. The classic fire service example is an 18 year old male in a relationship with a 16 year old female. He is arrested, charged and convicted of a sex crime involving a minor after the girl’s parents file a complaint with the police. Despite being a registered sex offender, the couple have since married and have a family together. It would be difficult to deny membership in an EMS agency based solely on this conviction. Complicated? You betcha.

10. NYS Written Exam pass rates for 2016 (for you number crunchers out there):

<table>
<thead>
<tr>
<th>Level</th>
<th>2016 # tested</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFR</td>
<td>3,322</td>
<td>91.31%</td>
</tr>
<tr>
<td>EMT</td>
<td>10,780</td>
<td>87.63%</td>
</tr>
<tr>
<td>AEMT</td>
<td>80</td>
<td>89.02%</td>
</tr>
<tr>
<td>CC</td>
<td>269</td>
<td>87.14%</td>
</tr>
<tr>
<td>Paramedic</td>
<td>1,440</td>
<td>86.68%</td>
</tr>
<tr>
<td>CLI</td>
<td>94</td>
<td>75%</td>
</tr>
<tr>
<td>CIC</td>
<td>170</td>
<td>58%</td>
</tr>
</tbody>
</table>

11. Eyebrows were raised at the Training and Education Committee when reviewing pass rates on the CLI and CIC exams. While the exam is brand new, it may need some tweaks.

12. In an ironic twist of fate, the State’s current written exam vendor, ProExam was recently acquired by the former contractor, PSI. The transition should not be difficult.

13. The Bureau also announced some (very welcome) changes to the Practical Skills Exams. Station 5A and B (Spinal Immobilization – Seated and Supine) have been removed; Station 1A Medical Assessment is now Station 1 and Station 1B Trauma Assessment is now Station 2. Which, come to think of it, probably means others have been renumbered. Yes, there is a new Practical Skills Exam (PSE) manual and matrix available at www.health.ny.gov/professionals/ems/national_education_standards_transition/index.htm.

14. The 2016, more aptly now 2017 Collaborative Protocol materials were released to Regions on February 1 (with the exception of the new app which will should release closer to March 1). Protocols will go live in March in many regions and for the first month (March), providers can use either the new or their old Protocols. Other regions will likely delay education until the app releases as they intend to use the app as their primary protocol reference. In April the new Protocols will take effect Statewide with the exception of Nassau and New York City (the only two regions not in the Collaborative). Educational materials rolled out to the Regions include podcasts, simulation videos of new skills, a self-study test and a series of didactics (discussion videos) on the changes. Some Regions will test providers on the new protocols, others won’t (discretion is left to each Region). A task group formed to look at building (or “borrowing”) a pedi dosing
calculator for the Collaborative Protocol app concluded their review and is recommending the Safe Dose/Broselow app as an add in to the Regional Protocol app. The Collaborative intends to seek funding from EMS-C to accomplish this. Discussion will begin at the next meeting on folding the NYS BLS protocols into the Collaborative Protocols.

15. On the subject of meds, SEMAC/SEMSCO will write the NYS Education Commissioner regarding a BON (Board of Nursing) Opinion that RNs cannot administer IV bolus doses of certain conscious sedation/analgesic meds (such as ketamine). “What, what, what?” you say. True it is and this has the ire of many a rural ED and ICU doc who have no other hands than the RN working alongside them. Reasoning that RNs should be able to administer the same meds as paramedics only makes sense. Hence the letter.

16. The New York State EMS Memorial will be held on May 23, 2017 at 11:00 am at the Empire State Plaza. Sadly, three names will be added to the Memorial Tree: Stephanie B. Potter (Moira Volunteer Fire & Rescue), Norman Valle (FDNY*EMS) and Larry Fuller (Hunter Ambulance). See: www.health.ny.gov/professionals/ems/emsmemorial.htm.

17. The CCT TAG presented a preliminary report which (verbatim) is this:

The CC TAG was tasked with evaluating the future of CC level care in NYS. Years ago when SEMAC/SEMSCO reviewed the revised National EMS Scope of Practice document, the SEMAC voted to continue the CC level of care in NYS. Since that time, several issues have arisen. These include NYS being the only state with a CC level of care (eliminating portability in disasters and reciprocity); a push from the Governor to bring NY into compliance with nationally adopted standards; portability of certification between states; and inability to update CC training curriculum and exams due to costs, administrative burden and lack of any national equivalent. Thus, there has been recent discussion about sun setting the CC level in NYS.

The TAG is currently exploring CC use in each region, current CC curriculum, ability to sustain CC educational updates, original course participation, refresher course numbers, use of CME refreshers and other training and exam development and maintenance issues. The TAG is also evaluating how a phase out of the CC level or continuation of the CC level might affect the State including barriers to upgrading current CC providers to Paramedic level, establishment of streamlined bridge courses that would optimize costs and time commitment of CC providers, enhancements to the AEMT skill set that might facilitate transition of some CC level agencies to AEMT and timelines with which a transition to either commit to maintaining the CC level or transition to sun setting the CC would be feasible to assure continuity of care to all New Yorkers.

The TAG will present a complete report with recommendations at the May meeting.


19. Nominations for State EMS Awards are due a bit earlier this year (May 1st). Consider nominating a peer (or EMS service) for one of the many Regional and State EMS awards. The link to awards info is www.health.ny.gov/professionals/ems/emsawards.htm.
20. Some Systems Committee members were red in the face over an about face in the Bureau’s position on CON (Certificate of Need) policies and practices. I’ll summarize a very lengthy and heated discussion here: for about two years now, a TAG has worked to refine the CON process in hopes of reducing senseless, ridiculous and time consuming appeals. They first worked to define a definition of “need” and then set out to revise, clarify and update Policy Statement # 06-06 on the CON process. That’s where the legal eagles apparently flocked in, advising the Bureau that Article 30 of Public Health Law empowers Regional EMS Councils (REMSCOs) – not the Bureau or SEMSCO to make initial determinations of need and take action on CON applications. Policy 06-06 was intended as a guidance document for REMSCOs to adopt as their own process. For whatever reason, that has not happened. Many CON appeals (that tie up hours of DOH and Administrative Law Judge time and waste hundreds of thousands of buckaroos) cite Policy 06-06 which, in fact, has nothing but imaginary authority. Hence, a revision of 06-06 is not in the cards. It may be possible to create a so called, “guidance document” for REMSCOs to facilitate their CON processing, but the days of Policy Statements being interpreted as though they were Regulation are done. Yup, you read that correctly. Some Policy Statements recommend equipment – these are recommendations only, not enforceable policies. Whodathunkit?

21. SEMSCO Chair Steve Kroll hosted a series of statewide conference calls last year under the theme, “The Changing Face of Emergency Medical Services in New York State.” Topics included financial sustainability of EMS agencies, EMS workforce issues, integration with the health care system, rural EMS concerns, Delivery System Reform Incentive Program (DSRIP), regulatory barriers, EMS leadership, agency consolidation and more. A summary from the calls is attached to these minutes.

22. Along similar lines, SEMSCO will distribute a workforce shortage survey to agencies in early 2017, the results of which may shed some light on current issues and concerns.

23. In what’s clearly déjà vu all over again, the Finance Committee presented (and SEMSCO approved) a $24,180,127 budget for F/Y 2017-2018. Currently, the actual EMS budget (for training, Program Agencies, Councils, the Bureau, SEMSCO/SEMACH/STAC and EMSC) sits at $16 million despite a $19.3 million request (uh huh). Program agencies have not seen an increase since 1997. As usual, this budget will probably fall on deaf ears. Whatever.

24. In the same blah, blah, blah vein, the Safety Committee continues to review the three ambulance standards (NFPA 1917, CAAS GVS and KKK-A-1822) with an eye towards revising Part 800.22. On the brighter side, it looks like the cat fight between NFPA and CAAS may be winding down – the two are actually speaking to each other. Meanwhile, several national organizations are pressuring the feds to sunset KKK. Yawn…


26. Folks interested in resuscitation might find a new list server operated by McMaster University exciting: https://plus.mcmaster.ca/ResusPlus/. The site allows you to sign up for notices of newly published resuscitation research.

27. Results of a study many local EMSers took part in have released. The National Institute for Occupational Safety and Health (NIOSH) just published a comprehensive database of EMT worker body measurements: www.cdc.gov/niosh/data/datasets/rd-1008-2016-

DISCLAIMER: These notes are a personal interpretation of events, information, meaning, and relevance by the author, Mike McEvoy. All attempts at humor are intentional. www.mikemcevoy.com
0/default.html?s_cid=3ni7d2_JGEmail. The data were collected as part of a nationwide survey, and can aid ambulance manufacturers in improving the design of the ambulance patient compartment for safe and effective use. Yippee!

28. Remember Ebola, H1N1, Bird Flu, and SARS? Our preparedness was not so hot (some would say it outright sucked). Well, the InterAgency Board (IAB) published a new document, “A Proposed Model for Bioterrorism Response: Initial Operations and Characterization,” which may be of interest to your organization. The IAB proposes a model for a biothreat response capability that brings together public safety jurisdictions, federal resources, processes, standards, and doctrine to support the creation of a network of locally owned and operated validated bioterrorism response teams. See the report at www.interagencyboard.org/sites/default/files/publications/IAB%20Bioterrorism%20Preparedness%20and%20Response_A%20Proposed%20Model%20for%20BT%20Response_A.pdf

29. February 27 through March 8, 2017 will see a statewide DOH exercise called Outbreak Unchecked Response Exercise (OUREx) involving County Health Departments, hospitals, emergency managers, EMS and some at-risk people. It involves as worldwide pandemic flu requiring activation of PODs (Points Of Dispensing) to mass distribute meds to people who have been exposed in NYS. It is primarily a paper/pencil/telephone/computer drill with no actual response. EMS will be polled for availability using the Statewide MA Plan. Now you already know too much. Just pretend you never read this.

30. A slate of officers was presented and (some) elections were held. Steven Kroll was reelected Chair and Patty Bashaw reelected 1st Vice Chair. The Nominating Committee advanced two names for 2nd Vice Chair: Stephen Cady and Mark Philippy. Their biographies will be distributed to SEMSCO members and an election will take place at the May 2017 meeting. Of note, Mike Reid, a long-serving SEMSCO member representing FASNY resigned to accept a position with the NYS Legislature.

31. Curious about National Registry computer based exams? Rob Wagoner, the Chief Operating Officer of the National Registry of EMTs spent the last 30 years intimately involved in the Registry's cognitive and psychomotor testing development and administration. Rob took time to describe the computer adaptive testing (CAT) used by the National Registry EMR, EMT and Paramedic exams including how the exams are developed, validated, scored, administered and updated. This interview is on my Firemedically Speaking Blog Talk Radio program at www.blogtalkradio.com/fireengineeringtalkradio/2017/01/21/episode-1466-firemedically-speaking-inside-the-nremt-exams.

32. SEMSCO will meet again May 9-10, September 26-27 in 2017 and January 9-10, 2018 at the Hilton Garden Inn in Troy.