NYS DOH
State Emergency Medical Services Council (SEMSCO) and
State Emergency Medical Advisory Committee (SEMAC)
Meeting Notes – 1/9/18 & 1/10/18
Prepared by James Downey, Editor, BLANKET Newsletter from attending the meetings and viewing webcasts
(Official minutes of the meetings will be released later by NYS DOH)

Michael J. Mastrianni, Jr, Director of Legislative Affairs is the NYS Volunteer Ambulance & Rescue Association’s representative to SEMAC/SEMSCO. Michael is a voting member of SEMSCO, is a member of the Legislative and Systems Committees and has a non-voting seat on SEMAC.
STATE EMERGENCY MEDICAL SERVICES COUNCIL (SEMSCO) - STEPHEN KROLL, CHAIRPERSON

The SEMSCO meeting scheduled to take place on Wednesday 1/10/18 was not held due to lack of a quorum. There was uncertainty on the number of voting members of SEMSCO as the DOH website showed 31 members while the legislature’s web site showed 32 members. It was settled on 32 but the attendance was 1 short of the 50% plus 1 or 17 members needed. 28 of the seats are actually filled.

Carried over to the next meeting were:
- Election of officers.
- Vote on recommendation of SEMAC on appeal of ALS Services, Inc. to Nassau REMAC action.
- Vote on Safety Committee’s Part Regulations Section 800.22 draft revisions.
- Vote on Mercy Flight protocol changes.

STATE EMERGENCY MEDICAL ADVISORY COMMITTEE (SEMAC) - DONALD DOYNER, MD, CHAIRPERSON

Mercy Flight protocol changes approved by the Protocol/Medical Standards Subcommittee were received as a seconded motion and approved by a roll call vote. SEMSCO still has to vote on approval.

ALS Services, Inc., DOH Agency #7199, represented by Nixon Peabody, LLP, filed an appeal to a Nassau REMAC decision to suspend its ALS operating authority in the region due to non-compliance with several ALS level requirements. ALS Services, Inc. is a paramedic level First Responder service with operating authority for Bronx, Kings, New York, Queens, Richmond, Nassau, Orange, Rockland, Sullivan and Ulster Counties. Its transporting agency is normally BLS level Chevra Hatzalah Volunteer Ambulance, DOH Agency #7191, which has operating authority for the 5 boros of NYC.

As per Article 30 Section 3004-A(4) a Special Appeal Committee was convened consisting of Doctor Joseph Bart as Chair and Doctors Jeremy Cushman, Michael Dailey, Lewis Marshall and Pamela Murphy. ALS Services was allowed to continue to operate in Nassau pending a decision from SEMAC/SEMSCO. The original requirements that Nassau REMAC raised involved:
- Regionally credentialed ALS providers.
- Regionally credentialed Medical Control physician.
- Participation in regional QA/QI program.

The appeal committee found that ALS Services, Inc. met requirements for credentialed providers and a Medical Director, which is different than a Medical Control physician, and there was an expectation that the agency would satisfy QA/QI requirements. The committee voted to recommend the suspension be lifted. After an extended discussion, mainly on QA/QI requirements, SEMAC voted to accept the recommendation contingent on QA/QI requirements being met by 2/10/18. The actual motion reads:

*The SEMAC accept the report and recommendations of the Special Appeal Committee in the matter of ALS Services, Inc. and Nassau REMAC suspension of advance life support services and that the suspension be lifted contingent upon compliance with the recommendations and its expectations and submission of quality improvement data by February 10, 2018.*

The motion passed by roll call vote and next goes to SEMSCO for a final vote.

University of Buffalo (UBMD) demonstration project to move manual defibrillation to AEMT level mentioned at last meeting was withdrawn. AMR Ambulance was to be the agency involved.

PROTOCOL/MEDICAL STANDARDS SUBCOMMITTEE - DR. LOUIS MARSHALL, CHAIRPERSON

Mercy Flight protocol changes were discussed. There were 3 issues that were resolved:
- Blood products infusion involved continuation of infusion that was started in a facility.
- Pulmonary embolism tasks only covered ultrasound by EMT-P and other tasks were done in a hospital.
- 2 modalities were spelled out in more detail.

Changes were approved and sent as seconded motion to SEMAC.

BLS Protocol Update Committee received comments from EMS For Children (EMSC) and State Trauma Advisory Committee (STAC) and other interested parties and original proposals are being reviewed. Committee is not yet ready to put forth final draft of proposed protocols as more work needs to be done. Committee is also looking at Certified First responder (CFR) protocols.
Dr. Michael Dailey, Chair of the BLS Protocol Committee commented that it has been “utterly fascinating”. Smart people have been involved improving EMS care in the state. There have been bumps in the road. Education & Training Committee will have to disseminate the final protocols to training centers and providers across the state. There has been a “lousy set for the last 30 years” and a few more months are needed.

The following protocol issues were mentioned:

- Avulsed tooth. Collaborative Protocols advise keep the tooth in place. Other references advise carry tooth to hospital and it is a situation not often encountered and is not critical. If put back in socket there is concern about infection and foreign body obstruction.
- Bleeding and Hemorrhage Control are the same.
- Burn measurement: 1% is not necessarily the size of a patient’s palm. Patients grow at different rates.
- Muscular-Skeletal Trauma – should patella reduction be a separate protocol? Age over 60 was mentioned and should geriatric patients be under separate protocol. There is a major Trauma Protocol update expected later in 2018.
- Asthma & Wheezing. Adding Epi auto-injectors for critical patients. Epi is required on BLS ambulances but Albuterol is optional with region and agency. CPAP is optional as providers are equipped and trained.
- Need for separate pediatric protocols was discussed. There may be a Teddy Bear icon put next to pediatric instructions.
- Securing children for transport is still an issue.

NYS STROKE DESIGNATION PROGRAM
Marcus Friedrich, MD, Chief Medical Officer, NYS DOH Office of Quality and Patient Safety gave a PowerPoint presentation. A PDF of the presentation is attached. Some highlights are:

- 120 hospitals in NYS are currently designated as Stroke Centers.
- There is no definition up-to-date with current guidelines, no one common accreditation and no periodic reaccreditation requirements.
- Outcomes are better if stroke patients go to Stroke Centers.
- As it did with Trauma Centers, NYS DOH wants to pass on to outside organizations the designation of Stroke Centers. Proposals include requirements for DOH access to data such as performance measures and time ranges, participation in quality initiatives such as Coverdale Registry, a process for withdrawing designation and recondition of a transition period.
- Rural hospital and their unique situations may need to be considered.

EMS SYSTEMS SUBCOMMITTEE - YEDIDYAH LANGSAM, CHAIRPERSON (Absent)

BUREAU OF EMS & TRAUMA SYSTEMS (BEMS&TS)
Andrew Johnson, Acting Director advised:

- He will be serving as Acting Director of BEMS&TS in addition to his position as Deputy Director Education & Certification Services. Director resumes are in and interviews are being conducted. More information may be available in February.
- Deputy Director position resumes are in and interviews will being conducted.
- Donna Johnson, Vital Signs Coordinator retired. Position was announced, resumes are in and interviews are being conducted.
- Trauma Coordinator position announcement closed, resumes are in and interviews will be conducted. It will be an internal DOH promotion.

Dana Jonas, Operations & Emergency Preparedness advised:

- There were about 30 CON actions in 2017.
- 12 First Responder services were deactivated while there were 12 new or reactivated services.
- Public Access Defibrillation (PAD) Service Medical Director physicians must be NYS licensed.
- Notice of Intent filing no longer applies to Epinephrine auto-injectors.
- DOH-4362 Medical Director Verification form is PDF fillable.
- REMSCOs should send DOH copies of regional policies & procedures related to CONs, REMAC approvals, credentialing of providers & medical Directors and other REMSCO policies and procedures as adopted or changed.
- eMOLST system is expected to be rolled out in 3 to 6 months.
- Smartphone applications to summon ambulances exist.

Daniel Clayton, Operations & Emergency Preparedness advised:

- PAD Emergency Health Care Provider (EHCP) for non-EMS can be an Article 28 hospital authorized person such as RN or PA.
- Pharmacists dispense Epinephrine auto-injectors, they do not prescribe them.
- Controlled Substance License renewals need to be done timely - 30 to 45 days prior to expiration. Paperwork that is not complete, timely and/or sufficient can result in a lapse.
- A number of Municipal CONs are approaching the 2 year rollover period for conversion to permanent status. Agencies should submit application paperwork to local REMSCO 6 months prior to expiration.
- REMACs need to notify Bureau of EMS of special authorizations granted to agencies in their regions. This includes 12, Lead, Albuterol, CPAP, glucometry.
- Entity name on Ambulance Operating Certificate needs to be accurate - Fire District vs. Fire Department, Inc.

Michael Taylor, Informatics, Data & PCRs advised:
- National EMS Information System (NEMSIS) manual was updated to Version 3.4.0 in November 2017. Version 2 was in 2004-2005. Version 3 was in 2007-2008. Update was sent to vendors and agency partners. NYS Image Trend software is not expected to be ready to receive latest Version 3 data inputs till March or April 2018. There are about 20 vendors serving NYS agencies and there are concerns about vendors being capable of handling the latest version. 1 vendor with 4 EMS agency subscribers has indicated they are not updating to latest version.
- DOH-5136 Application and Approval for EMS Agency to Use e-PCR needs to be submitted to Regional Program Agency for approval before it goes to NYS DOH.
- If a full PCR copy is not left at a hospital at the time patient care is transferred a "drop sheet" can be left with the full PCR to follow. Policy Statement 12-03 specifies this temporary document must minimally include patient demographics, presenting problem, assessment findings, vital signs and treatment rendered.

Statewide Health Information Network of New York (SHIN-NY) is a “network of networks” that links New York’s eight regional Qualified Entities (QEs) throughout the state. QEs are able to exchange records between each other, so from Buffalo to Brooklyn, providers such as hospitals, nursing homes, labs, etc. will be able to “talk” to each other quickly and securely, accessing up-to-date and accurate clinical information for their patients who give them consent. These regional networks combined already connect 84% of hospitals in New York State, thousands of medical providers, and represent millions of people who live in or receive care in NY. The US Centers for Medicare & Medicaid (CMS) has established the Data Exchange Incentive Program (DEIP) to help fund participation in SHIN-NY. The program will be expanded to EMS to cover costs such as equipment, training and vendors. ePCRs in NYS are submitted by 50% of the EMS agencies and cover 80% of the statewide PCRs generated.

FirstNet is the creation of the nation's public safety community, who spent years advocating for their own wireless broadband network following the September 11, 2001 terrorist attacks to enhance communications during emergencies and other events. Capability is expected to include ePCR connectivity and telemedicine. Congress passed legislation to establish the Network in 2012, and for the past five years, the First Responder Network Authority worked closely with public safety to develop customized plans for building the Network in each state and territory. The statutory 90-day decision period for Governors to “opt-in” or “opt-out” of the FirstNet proposed Radio Access Network (RAN) buildout plan concluded 12/28/17 and every state including NYS has accepted the FirstNet deployment plan. AT&T received a $7 billion 25 year contract to build out the system of “hardened” telephone towers with battery backups and starting in 2018 will deploy Band 14 capacity and coverage throughout the nation with “hardened" telephone towers with battery backup. NYS may have up to 100 FirstNet cell sites. There will be 4 years of initial construction with the next 5 to 25 years concentrating on improvements. Of concern is how coverage will be handled in the Adirondack Park which covers 135,000 residents in 105 towns in 12 counties (Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Lewis, Oneida, St. Lawrence, Saratoga, Warren and Washington) where traditional cell towers and infrastructure have been limited.

Governor’s State of the State Message for the first time included comments on Strengthening the Rural EMS System. 3 points were covered:
- Ensure the young are aware of EMS as a career. In addition, to improve career opportunities the DOH will propose legislation to authorize Community Paramedicine collaboratives and programs.
- Provide EMS training through local Boards of Cooperative Educations Services (BOCES).
- Enhance management educational materials to enhance supervisory training.

SAFETY SUBCOMMITTEE - MARK PHILIPPY, CHAIRPERSON
800.22 draft revisions which have been worked on for 2 years are ready for approval. They were sent to Lee Burns before her retirement but the committee has heard nothing back. Seconded motion was made and passed to send the draft revisions to SEMSCO.
Policy Statement 00-13 Operation of EMS Vehicles revisions are still being considered.
Ballistic vest issues are still being reviewed. These include:
- Gathering of available research on types of under/over carriers, plate armor and continuous wear vs. active incident use.
- Development of best practices document.
- Training for use including bullet resistant limitations.
- Cost and grant resources.
- Review of NFPA 3000 guidance.

Provider Fitness
- Fatigue is a rising issue in EMS. Research is being conducted on available information. National Association of State EMS Officials (NASEMO) study is in final stages of evaluation.
- Subjects being discussed/considered include resilience, retention, burn-out, fitness-for-duty, job specific workouts for PD, FD & EMS and union concerns.

Provider Scene Safety awareness training was discussed. Concerns include:
- Signs of potential violence
- Verbal techniques for de-escalation and management of aggressive patient.
- Physical defensive preparedness of own person – stance, balance & posturing.

EDUCATION AND TRAINING SUBCOMMITTEE - ROBERT DELAGI, CHAIRPERSON

CME based refresher training program revisions are still in draft form and may be rolled out in May depending on DOH workloads. Vital Signs in October 2017 was the original target date for the rollout. The manual, forms and requirements are all being revised. There will be base minimums, better separated topics and ability to do all CME requirements in 1 year. The previously required total of 72 hours split between required and other subjects for all 4 levels will be reduced. Specific training hours mentioned were:
- EMT – 40 hours
- AEMT – 50 hours
- EMT-CC – 60 hours
- EMT-P – 60 hours

Alphabet course (ACLS, GEMS, PALS, etc.) credit spread sheet will be posted on the DOH website.

Part 800.6 Initial Certification Requirements
- EMT certification age change to 17 from 18 has been approved for initial regulatory posting in the NYS Register. The comment period is 1/24/18 through 3/26/18. After comments are received and reviewed the proposal will again be posted. After that a DOH EMS Policy Statement will be issued.

Instructor testing continues.
- Certified Lab Instructor (CLI) testing results have 359 taking the exam with a 93% pass rate. 5% passed on 2nd attempt, 2% passed on 3rd attempt and 1 passed on 4th attempt.
- Certified Instructor Coordinator (CIC) testing results have 508 tested. 326 passed on 1st attempt, 59 on 2nd attempt, 21 on 3rd attempt, 5 on 4th attempt and 1 on 5th attempt. There are several outliers still trying to pass the exam. Modules 1 and 2 are major problem areas.
- There is a robust remediation process in place.
- 6 attempts will be allowed at the CIC and CLI exams.

Certified Instructor Update (CIU) courses are to be increased from 6 to 8 hours. 3 hours will be an actual update course and 5 hours may be by other means such as college courses on education. Policy Statement to be issued.

EMT-CC to EMT-P Bridge Program
- Northwell Health representatives advised work is 80% done. Only gap material between the 2 levels will be covered and they expect to use vendors to identify the material to be covered. They are now developing modules, Moodle eLearning program, activities and quiz. Online learning may be more convenient but not easier. Medical Directors will need to ensure CC’s are competent to enter program. Local EMT-CC and EMT-P course sponsorships are expected to work with participants on gap knowledge and skills but some course sponsors have not bought into the bridge program.
- There are no clinical rotation hours or requirements in the bridge program.
- Training will be funded by DOH but books are not included. There may be a bundle of books offered by an unnamed publisher.
- National Registry will not recognize bridge courses.
- There was concern expressed that Regions may not allow bridge participants to participate in ALS but this is a NYS DOH BEMS program that does not differentiate between how participants achieved EMT-P.
Arthur Cooper, MD, EMSC Chair advised of an ongoing Pediatric Preparedness Assessment Quality Improvement Project gathering data to see if pediatric readiness scores across NYS relate to mortality outcomes for children.

Élise van der Jagt, MD, EMSC Vice Chair, presented comments to SEMAC:
- On the various definitions of a pediatric patient there is a split nationally at age 14 or age 15. American Academy of Pediatrics puts pediatric at up to age 21. Hospitals generally are up to age 18 or 19. American Heart Association talks about children without secondary signs of puberty which generally is under age 12 but may be as early as age 8 in girls. STAC guideline is up to age 15. Pennsylvania uses age 14 and below. Protocols for medication use 30 kilograms or 66 lbs. which generally equates to a 10 year old and should be used with a Broselow or other length based tape. There is a need for provider judgement taking into account that some children can approach adult size. Consensus recommendation is towards classifying children as up to before age 15.
- There are clearly designated areas pertinent to pediatrics and there should be some separation out from adult protocols.
- Details of some of the proposed BLS protocols pertinent to pediatrics need wordsmithing.

Federal Health Resources and Services Administration (HRSA) is refocusing its deliverable requirements and annual $130,000 grants to states from providers having appropriate pediatric equipment to providers knowing how to use the equipment. The initiative involves:
- Each region or EMS agency to have a designated Pediatric Emergency Care Coordinator (PECC) similar to the position in hospital Emergency Departments where patient outcomes have improved.
- Documented biannual hands-on training simulations for pre-hospital providers will be required.
- To get a baseline on what is already being done www.emscsurveys.org has a short 5 minute survey in progress for a sampling of 388 EMS agencies in NYS. The goal is 80% response and as of early January the response rate was 60%. A listing of non-responders as of 1/9/18 was distributed at the meeting.

To highlight field use problems with pediatric equipment a recent anecdotal encounter was described. While waiting in a local doctor’s office (?) the local commercial provider’s ambulance crew brought in a pediatric patient on a stretcher secured in a Pedi-Mate device. The device was applied on top of the patient rather than the patient being placed on the device and then strapped in.

LEGISLATIVE SUBCOMMITTEE - LESTER FREMANTLE, CHAIRPERSON
- Rural definition in NYS includes 42 counties where the county population is under 300,000.
- A7094/S5856 was introduced in 2017 to amend Public Health Law Section 3017 to add Nassau County to Suffolk County in restricting emergency ambulance services responses.

FINANCE SUBCOMMITTEE - PATTY BASHAW, CHAIRPERSON
Discussion of DOH Bureau of EMS & Trauma Systems budget.

PUBLIC INFORMATION, EDUCATION & RELATIONS (PIER) SUBCOMMITTEE - JAMES DEAVERS, CHAIRPERSON
Meeting was cancelled.

Next SEMAC meeting – Tuesday 5/15/18
Next SEMSCO meeting – Wednesday 5/16/18
Location is the Hilton Garden Inn, Troy, NY