THE BLANKET Special Edition
SEMSCO & SEMAC Meetings - September 2017

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THE BLANKET

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NYS DOH
State Emergency Medical Services Council (SEMSCO)
and
State Emergency Medical Advisory Committee (SEMAC)
Meeting Notes - 9/26/17 & 9/27/17
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, CHAIR

Nominations for 2018-2019 officers - the following were nominated from the floor:

- Chair – Patty Bashaw, Mountain Lakes REMSCO
- 1st Vice Chair – Mark Philippy, Monroe-Livingston REMSCO
- 2nd Vice Chair – Stephen Cady, Susquehanna REMSCO

Nominating Committee consisting of Stephen Cady, Robert Delagi, Thomas Pasquarelli and Mark Philippy was chosen. Nominations remain open till voting in January 2018. Committee will meet electronically to vet the nominees and consider additional nominees.

New members of SEMSCO

- Carla Simpson, Susquehanna REMSCO
- Jeffrey Rabrich, American College of Emergency Physicians

CHAIRPERSON'S REPORT

On Tuesday 9/26/17 a small contingent of SEMSCO/SEMAC members met with Dr. Howard Zucker, NYS Commissioner of Health and his senior leadership team to talk about issues facing EMS:

- Workforce – Both paid and volunteer need solutions. It will not be free and local government and hospitals will need to help.
- Financial sustainability – There is a need for dedicated funding. EMS came along after police and fire as emergency services. Insurance including Medicare and Medicaid must step up. Medicaid in some areas is funding ambulance transports at a level below actual cost. In early years insurance paid more easily than it does now.
- Future of EMS – The 1.0 period was scoop and run, the 2.0 period is what we are currently in and 3.0 is the future. Consideration is being given to provision of care in different settings. Hospital re-admissions need to be addressed. EMS is part of the healthcare system but not a large part of the Delivery System Reform Incentive Payment (DSRIP) Program whose purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. EMS has data on patients' many health conditions which needs to be incorporated.
- BLS is undergoing a transformation with agencies being lost through closing or consolidation. Perhaps there should be something like a Berger Commission for EMS.
- Need for statewide Medical Director, either full or part time, reporting to the Commissioner of Health to move the EMS agenda along.

BUREAU OF EMS & TRAUMA SYSTEMS REPORT - Lee Burns

Staffing:

- Lee Burns, Director of BEMS&TS is retiring 12/31/17.
- Thomas Behanna, Deputy Director, Office of Administration and Information Technologies has left for a position with the NYS Comptroller.
- Frances Lopez, Voucher Clerk, Office of Administration and Information Technologies has left the Bureau.
- Donna Johnson, Vital Signs Conference Coordinator & Executive Secretary for SEMSCO & SEMAC will be leaving at the end of the year for a position in private industry. She has been with the DOH for 35 years.
- Ashley Aponte from Complaints & Investigations will be handling vouchers.

Trauma Center Verifications - There are 44 trauma centers in NYS and 39 have been verified at various levels by the American College of Surgeons (ACS). Several hospitals that were not previously trauma centers have achieved level 3 or 4 designations. There are 5 Provisional trauma centers. The ACS does not designate trauma centers but verifies the presence of resources.

10 NYCRR Part 708 Regulations govern trauma systems and trauma centers in NYS. There is movement to repeal those regulations and move trauma to 10NYCRR Part 405 Regulations which

govern general hospitals standards. State Register has proposed new regulations posted for 45 day comment period ending 11/1/17.

Essex County's EMS was discussed. It is 1 county among many that has similar problems but they are well organized. For the past year the county's Board of Supervisors and governor's office have been working together. Staffing is being addressed with a public service announcement (PSA) on what it means to be an EMT. The need for higher rural area Medicaid reimbursement rate is being emphasized. Board of Cooperative Educational Services (BOCES) are into the provision of EMS and first responder courses as well as other training options. Restructuring, consolidations of EMS agencies and tiered responses are being discussed.

Policy Statement 06-06 EMS Operating Certificate Application Process (CON) issued 5/26/06 is still in effect till updated and modernized by the DOH. There is an effort to come up with a definition of need. A letter was sent to REMSCOs on 8/2/17 advising that REMSCOs are not empowered to create their own policy in regards to Certificate of Need applications.

EMS Systems Subcommittee, which had met earlier in the day, brought forward seconded motions on 2 CON appeals. Decisions have to be made based on the records as they exist. Public comment was not permitted and only members of SEMSCO could comment.

Motion was made to: Uphold the Big Lakes Regional Emergency Medical Services Council to approve Mercy EMS's CON application to expand its operating territory to include the entirety of Niagara County.
2 SEMSCO members spoke against the motion while 2 spoke in favor.
Final vote was 22 Yes, 2 No and 1 Abstention. Motion Passed.

Motion was made to: Uphold NYC REMSCO's determination to deny Rockaway Volunteer Ambulance Search and Rescue's CON application to establish a new ambulance service operating authority.
SEMSCO member commented that NYC REMSCO's Hearing Officer had found need while the DOH Bureau of Adjudication did not find need. There was question about number of abstentions at NYC REMSCO's vote.
Final vote was 24 Yes, 0 No and 1 Abstention. Motion Passed.

Judicial redress on the above actions is still available if any party wishes to appeal further.

EMS Systems Subcommittee also brought forward a seconded motion to: change the minimum age to be an EMT from 18 to 17. Lee Burns went over the reasoning presented at the subcommittee meeting. 1 SEMSCO member spoke against the motion as a band-aid, that a 17 year old cannot go to a R rated motion picture without parent, maturity to handle situations like 9/11 and handling RMAs. 4 members spoke in favor of the motion citing benefits to those approaching employment, that the RMA issue was cleared up and that 9/11 should not be an issue. Ms. Burns added information that 15 states have EMT minimum age as 16 or 17 or no minimum. Neighboring states including NJ, PA & CT have 16 or 17. Comment was also made that an EMS agency can decide if a 17 year old EMT is trained and experienced enough to ride on an ambulance.
Final vote was 23 Yes, 2 No and 0 Abstentions. Motion passed.

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

NYC REMAC's FDNY Rescue Task Force Medical Protocols were mentioned. They did not come up in the Medical Standards Subcommittee. They involve operations in the warm zone including triage and hemorrhage control. They were not brought forward for review and approval by SEMAC as they were found to involve operating procedures and not a change in current protocols or scope of practice of EMTs or EMT-Ps. This was a surprise as the protocols went through NYC's Protocol Subcommittee, Medical Standards Committee and REMAC.

University of Buffalo (UBMD) demonstration project to move manual defibrillation to AEMT level was presented. AMR Ambulance would be the agency involved. The skill was at the EMT-I level in the Western Region. AEMTs would be provided 2 to 3 hour training sessions and the project would run for a 6 to 12 month period. ePCR and a cardiac monitor capable of downloading data are needed. 100% review by Medical Director. No cardioversion or pacing by AEMTs. There was discussion about the amount of training and could simulation training be provided. If approved by SEMAC the project would need to be sent on to the Commissioner of Health for final approval before implementation. Information about the demonstration project was not sent out to the Medical Standards Subcommittee or SEMAC members before the meeting and decision was made to table action on the project till the next meeting.

EMT-CC information was covered in Policy Statement 17-07 EMT-Critical Care Certification Sunset/Transition issued 8/31/17. It will be updated as things happen and change.

Stroke protocols which were discussed at the May 2017 meeting were incorporated into the draft BLS protocol revisions.

ALS Services, Inc., represented by Nixon Peabody, LLP, filed an appeal to a Nassau REMAC decision to suspend its operating authority in the region due to non-compliance with several ALS level requirements. ALS Services, Inc. is the paramedic level service that responds with Hatzalah Volunteer Ambulance. As per Article 30 Section 3004-A(4) an Appeal Review Committee was convened consisting of Doctor Joseph Bart as Chair and Doctors Jeremy Cushman, Michael Dailey, Lewis Marshall and Pamela Murphy. DOH has information from Nassau REMAC and will be seeking information from the appellant and provide all information to the committee. While the appeal is pending ALS Services, Inc. can continue to operate in the Nassau Region.

Dr. Michael Guttenberg, a physician with experience going back to days in the volunteer sector as well as in the voluntary hospital, municipal and private sectors and who has had a major impact on EMS through his work in several regions, entered hospice care. He was diagnosed with pancreatic cancer 4 years ago with the illness attributed to his working on the post 9/11 wreckage of the World Trade Center. [Ed Note: Dr. Guttenberg died on 10/17/17]

MEDICAL STANDARDS SUBCOMMITTEE - LEWIS MARSHALL, MD, CHAIR

Draft of revisions to statewide BLS Protocols were discussed. A presentation was made by Dr. Richard Dailey covering the many issues below that surfaced. The EMS for Children (EMSC) Committee and Statewide Trauma Advisory Committee (STAC) will also be weighing in on the revised protocols. It is hoped to have final proposals available at the January 2018 SEMAC/SEMSCO meetings. Issues highlighted and discussed included:

- General Patient Approach section and its need.
- Part 800 equipment mandated vs. not mandated was mentioned.
- Cardiac Arrest – initiate transport after 3 cycles of CPR if no ALS available. Contact On-Line Medical Control or consider transport within 20 minutes on-scene if no ALS available.
- Advance Directives – Family Health Care Decisions Act was mentioned. DOH Bureau of Legal Affairs advice may be needed on in-hospital vs. out-of-hospital coverage of the law.
- Anaphylactic Reaction – per DOH EMS Policy Statement 17-02 Epinephrine Auto-Injectors (EpiPen®) a CFR can administer an Epinephrine Auto-Injector. Should skill be moved above CFR STOP line?
- Cold Emergencies – there was discussion on rewarming and the availability of warm water at emergency scenes and use of hot packs.
- Stroke – discussion on collecting information on time of symptoms onset as well as last known well (LKW) time, clinical window to stroke center, content of pre-hospital notification, glucometer use as a regional option and temperature conditions of storing glucometers in outside vehicles and its effect on accuracy.

- Musculoskeletal Trauma – patella reduction by EMT was briefly discussed.
- Spinal Injury – need for flow chart was mentioned.
- Childbirth – CFR care does not include breech birth but crew may be confronted with situation. Call On-Line Medical Control should be advised.
- Prescribed Medication Assistance - Epinephrine auto-injectors can be administer by CFR. There was discussion on moving up additional items including assisting with patient's own nebulizers and inhalers if there is shortness of breath.
- Refusal of Medical Attention – agency policy and procedures also impact on RMA decisions. Age greater than 65 being considered high risk was discussed as some agencies have no defined upper limit. There was mention of age under 6 years as a lower limit.
- Canceling Ambulance Response by CFR – some areas do not permit but other areas permit fire or police personnel on-scene to cancel ambulance.
- Carbon Monoxide Exposure – discussion covered use of CPAP with/without a fire situation.
- CFR Documentation responsibilities was briefly mentioned.

Naxolone maximum dosing was brought up by Robert Delagi. Nasal Narcan has been available at the 2 mg/2cc dose which is administered 50% into each nostril and can be repeated following regional protocols. SEMAC subsequently approved a 4mg/1cc nasal spray that is administered in 1 dose into 1 nostril. Dr. Joseph Bart discussed the mechanism of action and the greater affinity for the receptor of carfentanyl and fentanyl than morphine and heroin. Good airway management is a necessity. Dr. Michael Dailey mentioned there have been no pulmonary edema issues with nasal Narcan but did exist with IV Narcan. There have been no behavioral issues with the 4 mg spray dose. There should be a 3 to 5 minute pause between doses to allow the drug to be absorbed and work. Administration by lay person and/or other first responders prior to arrival of EMS should be clearly documented on PCR. Temperature stability of the drug may be an issue for storage by lay persons but should not be an issue for EMS agencies. Dr. Jeremy Cushman discussed that initially 2.4 mg was given and currently 3.8 mg doses are needed to reverse the patient condition.

N-CAP is a new NYS DOH program that covers up to $40 of the insurance, Medicare and Medicaid co-pay for the purchase of Naloxone that began 8/9/17. For more information go to https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/directories.htm Community based Harm Reduction programs provide free Naloxone kits and brief training to friends and families of drug users.

EMS SYSTEMS SUBCOMMITTEE – YEDIDYAH LANGSAM, CHAIR

Bureau of EMS and Trauma Systems Operations Report was distributed.

There were 2 Certificate of Need appeals to be decided. Decisions have to be made based on the records as they exist. Public comment was not permitted and only members of EMS Systems Subcommittee could comment.

Big Lakes REMSCO granted Mercy EMS a countywide Ambulance Operating Authority for Niagara County. The action was appealed to the DOH by American Medical Response and Twin City Ambulance. The DOH Bureau of Adjudication issued a decision on 8/28/17 recommending upholding the Big Lakes REMSCO action. The Systems Subcommittee motion was to uphold the Big Lakes REMSCO action. 2 members spoke against the motion while 1 spoke in favor. An issue was whether there was need proven for the entire county or just the Town of Niagara. Motion was passed with 5 Yes, 2 No and 1 Abstention.

NYC REMSCO did not approve Rockaway Volunteer Ambulance and Search & Rescue's application to start a new ambulance service on the Rockaway peninsula in Queens County. The vote was 10 Yes, 1 No and 9 Abstentions which lacked the needed number of Yes votes to pass. The action was appealed to the DOH by the agency. The DOH Bureau of Adjudication issued a decision on 8/24/17 recommending upholding the NYC REMSCO action. The Systems Subcommittee

motion was to uphold the NYC REMSCO action and the motion was passed with a vote of 7 Yes, 0 No and 1 Abstentions.

Part 800.6 Initial Certification Requirements

Section (b) indicates EMT applicants shall "be at least 18 years of age prior to the last day of the month in which he/she is scheduled to take the written certification examination…"
The DOH introduced a proposal to lower the age to 17 years of age. This would enable students who would be graduating high school in the 17/18 age range to take EMS courses which would prepare them for employment/volunteering as soon as they meet all eligibility requirements. Board of Cooperative Education Services (BOCES) and EMS Course Sponsors throughout the state could offer EMT courses for 17 year olds. There are Department of Labor and Child Labor Law provisions that could impact 17 year olds actually working as EMTs. DOH advised reimbursement could be addressed. There was a question about a 17 year old EMT accepting a Refused Medical Assistance (RMA) from another person but could not normally sign a form for themselves but DOH said it was cleared through Bureau of Legal Affairs.
Motion was made to approve the change from 18 to 17 years and it passed unanimously. Action would still have to go through the regulatory change process.

EDUCATION & TRAINING SUBCOMMITTEE – ROBERT DELAGI, CHAIR

Online course segments exist for EMT original, EMT Refresher and EMT-P Refresher.

CME based refresher completion rate is dropping. It is costing Course Sponsors more for instructor time.

EMT-CC to EMT-P bridge course is progressing. There will be cognitive skills as well as psychomotor skill portions. No date for availability yet. More information will be provided at the January 2018 SEMSCO/SEMAC meetings.

USDA turned down a grant request by the DOH BEMS&TS for a Distance Learning project. Funds had been requested for computers, laptops, mikes, etc. to set up 200 sites around the state.

CME based renewal program is being revamped. There will be a rollout at Vital Signs conference in October in Rochester and will then flow down to the regions. There will be changes in hours at each level plus new forms. It will be much easier to follow for students, course sponsors and agency CME coordinators. There is better alignment with National Registry of EMT (NREMT) requirements. Not currently active personnel will be able to participate.

Instructor exam was discussed. The Certified Instructor Coordinator (CIC) pass rate has risen from 45% to 69% with an average score of 72%. Modules 1 & 2 are giving the most trouble. The Certified Lab Instructor (CLI) pass rate has remained stable at about 85% with 80% being the average score. There a need individuals to prepare for the exam. The DOH is working with 4 individuals who have failed their exam twice. The transition is from instructor to educator.

Specialty Course Sponsors offerings are increasing in number, however, some regions giving many while other regions offer few or none. 4 regions have not offered a CIC course in 13 years. Recently, CIC classes have averaged 3 a year with 28 students in a class. There was mention that competition may be a consideration. CIC/CLI updates are being given and these must include DOH materials.

Instructor Fast Track program in last 3.5 years has involved 300 individuals with 200 completing the program.

Exam questions may need to be revised depending on final version of new statewide BLS protocols.

Psychomotor skill testing is expensive because of NREMT requirements. Endotracheal suction is not taught.

DOH is looking at computerized testing to replace written exams.

FINANCE SUBCOMMITTEE – PATTY BASHAW, CHAIR

2017-2018 budget was down impacting BEMS&TS but not the Regional Program Agencies.
2018-2019 budget does not look good.
All but 1 Regional Program Agency has submitted their budget template.

EMS FOR CHILDREN (EMSC) COMMITTEE – MARTHA GOHIKE, COORDINATOR

Work continues on hospital pediatric ED capabilities.
Draft of statewide BLS protocol revisions will be reviewed for its implications on care of children.
Next EMSC meeting s 12/5/17. Recommendations will be brought to SEMSCO in January 2018.

PUBLIC INFORMATION, EDUCATION & RELATIONS (PIER) SUBCOMMITTEE – JAMES DEAVERS, CHAIR

NYS DOH awards for 2016 to be presented at 2017 Vital Signs conference in Rochester were announced.
BLS Provider - Brenda Woods, Hudson Mohawk Region
ALS Provider - Thomas Mastakouris, Nassau Region
EMS Educator of Excellence - Michael Murphy, Hudson Valley Region
Agency - Chasdei Devorah, Inc. (Ezras Nashim), NYC Region
Physician of Excellence - James A. Vosswinkle, Suffolk Region
Harriet C. Weber Leadership Award - Andrew LaMarca, Hudson Valley Region
Youth Provider - Yohanna Henriquez, Hudson Valley Region
Communications Specialist - Scott Anzalone, Hudson Valley Region
Excellence in Quality and Safety - Rockland County EMS, Hudson Valley Region
Registered Nurse of Excellence - Christine Murphy, Hudson Mohawk Region
Commissioner's Award(s) for Excellence in EMS - Kim Lippes and Robert Delagi

LEGISLATIVE COMMITTEE – LESTER FREMANTLE, CHAIR

Meeting was cancelled.
2017 Legislative ended 6/21/17. 2018 Legislative Session has not begun.

SAFETY SUBCOMMITTEE – MARK PHILIPPY, CHAIR

Policy Statement 00-13 The Operation of Emergency Medical Services Vehicles was mentioned in connection with redundancies and possibility of revision.

Mission statement for Safety Committee was formulated as follows: The mission of the SEMSCO Safety Committee shall be to promote a culture of safety within the EMS community, to reduce and where possible prevent injury to our providers and the people whom we serve. Safety must be a concern for all providers and agencies and we will work to preserve a just culture approach to improving safety in the EMS workplace utilizing engineering, education and encouragement to achieve our goals.

800.22 REQUIREMENTS FOR CERTIFIED AMBULANCE VEHICLE CONSTRUCTION
Discussion continues on the above section. There is some question as to its relevance and the need of some sections. CASS, NFPA and SAE are industry standards but not state or federal standards and

can't be referenced in NYS regulations. Federal Motor Vehicle Safety Standard can be referenced in regulations.

Child safety seats seem to be a needed requirement. Issues involved include crash testing in cars vs. ambulances, use of cot restraints, covering children from 5 lbs to 99 lbs with differing restraint systems. Mention was made of Ferno's PediMate pediatric restraint system that advertises it adapts any ambulance cot for transport of children from 10 to 40 lbs. A 5 point harness holds the child to a vinyl pad that straps to a stretcher. It rolls up for storage.
Ambulance security was discussed. Available devices include driver/crew chief active door locking/unlocking systems, ignition security interlocks and keyless exterior door unlock panels.

On subcommittee's back burner:

- Development of scene awareness program for providers.
- Discussions regarding the need for de-escalation and defensive/escape tactic training.
- Discussion regarding the place of ballistic vests for EMS providers. This includes cost, grant funding, method of wear, standards for protection, training and policy guidance.

Provider fatigue and resiliency was brought up. Fitness for duty work standards may need to be developed. Many EMS personnel work 2 or more jobs and fatigue can crop up. Susquehanna Region has a policy. NYS Assembly bill A00486 seeks to add Section 1212-a to the Vehicle and Traffic Law to create the offense of driving while drowsy, a class A misdemeanor; includes driving while drowsy under the offense of vehicular assault in the second degree; creates the crime of vehicular homicide caused by driving while ability impaired by fatigue, a class E felony, subject to an indeterminate term of imprisonment of up to three years and license revocation. Best practices may be presented at a subsequent meeting.

Next SEMAC meeting – Tuesday 1/9/18
Next SEMSCO meeting – Wednesday 1/10/18
Location is the Hilton Garden Inn, Troy, NY
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