

## THE BLANKET Special Edition SEMSCO & SEMAC Meetings - January 2021

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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 - 1/12/21 & 1/13/21

(Official minutes of the meetings will be released later by NYS DOH)

Teresa "Teri" Hamilton, Executive Vice President, is the NYS Volunteer Ambulance & Rescue Association's representative on and a voting member of SEMSCO and a member of the Legislative Committee.



## STATE EMERGENCY MEDICAL SERVICES COUNCIL (SEMSCO) Wednesday 1/13/21



Mark Philippy, Chair

Call to order at 11:35 AM.

Meeting being recorded announcement played.

Pledge of allegiance was led by Ryan Greenberg.

Roll call conducted and quorum of members is present

New members have joined the Council. They should advise Chair of the committee(s) they are interested in serving on.

Minutes of 8/13/20 - Motion was made, seconded and passed without objection to approve the minutes.

#### **CORRESPONDENCE REPORT**

- Letter received from North Country Regional EMS Council about delaying implementation of the new AEMT curriculum. It was referred to the Training & Education Sub Committee.
- Article 78 proceeding involving North Shore Ambulance & Oxygen Service, Inc. matter was resolved in favor of SEMSCO.

#### **Chair Report**

Expressed thanks for everyone's efforts. There is some moderate sense of normalcy with actions being taken by the BEMS&TS out in the field, a lot of work to be done and a lot of COVID out there. It is being felt in the Western NY.

The 2 projects on the Chair's agenda. The Quality Improvement TAG which floundered a little bit due to lack of feedback from the committee members. 2 of the doctors have done a lot of work developing programs and information for the project including reviewing the state QI manual. There is work being done on a mini academy program for Vital Signs. The other project involves updating Bylaws for the Council which has also floundered a little bit because those involved have been otherwise engaged. There is every intention to update the bylaws with a few functional changes.

Bylaws indicate elections are to be held in January after nominations at the fall meeting which was not held. Bylaws allow continuation of operations until a new slate of officers is put into place. Nominations Committee will be appointed. The 2<sup>nd</sup> Vice Chair will chair the Nominations Committee. Any vetted Council member who wishes to serve on the Nominations Committee or to make a nomination should contact Michael McEvoy. There are a few rules covering who can run for office.

#### Stephen Cady, 1<sup>st</sup> Vice Chair

- Thanks expressed to Information Technology and Webex for getting us through.
- No report.

#### Michael McEvoy, 2<sup>nd</sup> Vice Chair

No report

#### **BUREAU OF EMS AND TRAUMA SYSTEMS**

See separate section for reports by Ryan Greenberg to SEMSCO and SEMAC.

### STATE EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE (SEMAC), Donald Doynow, MD, Chair

8 action items were brought from SEMAC and its Medical Standards Sub Committee as seconded motions:

- 1. Seconded Motion from Medical Standards to approve the request from Susquehanna REMSCO to use 4 doses of Acetaminophen (Tylenol) 160mg/5ml (total 640mg).
  - a. This was to account for the difficulty in obtaining the Acetaminophen formulation of 650mg/20.3ML or the 325mg/10.15ml.
- 2. Seconded Motion from Medical Standards to approve the revisions to the medication formulary alternative medication list.
  - a. Add the Tylenol dose formulation to the alternative medication list. Approved. Amendment: Regions may make emergency changes to medication formulary dosing as long as there is no impact to patient care, and sol long as the bureau is made aware so other regions can be aware of the issue.
- 3. Seconded Motion from Medical Standards to approve the revisions to the Collaborative Trauma: Hemorrhagic Shock Adult protocol as presented.
  - a. The changes include addition of Tranexamic Acid infusion and blood transfusion of 1 unit Type O-negative per protocol. Both of these options would be available if approved by medical director and available by trained providers. Also will allow the use of Tranexamic Acid in specific non-trauma hemorrhage to post-partum hemorrhage.
- 4. Seconded Motion from Medical Standards to approve changes to the Collaborative Nausea protocol to include patient self-administration of isopropyl alcohol inhalation in the treatment of nausea.
  - a. The committee discussed literature supporting this practice.
- 5. Seconded Motion from Medical Standards to approve changes to the Collaborative Excited Delirium protocol adding the use of waveform capnography to all patients who require sedation when safe and feasible.
  - a. The discussion centered on the safety of patients who require sedation due to excited delirium. The committee discussed some of the equipment available such as nasal cannula that measure waveform capnography.
- 6. Seconded Motion from Medical Standards to approve changes to the Collaborative Epistaxis protocol as presented.
  - a. The concern raised about epistaxis in trauma was noted to be covered by the Key Points/Considerations section.
- 7. Seconded Motion from Medical Standards to approve changes to the Collaborative Airway Management and Oxygen Administration to maintain O2 Sat at or above 92% and require a viral filter for all patients with a supraglottic airway or ETT.

- 8. Seconded Motion from Medical Standards to approve the NYC Vaccination protocol as presented with changes to allow flexibility in need size and length.
  - a. #4 bullet 3 change "shall" to "should" and at the end add "or manufacturers recommendation". May amend the language.

Roll call vote was taken and all 8 seconded motions passed without opposition.

#### **I-GEL Supraglottic Airway Pilot Project**

Greenville Township Volunteer Ambulance Corps proposed the pilot project. The squad is located in Port Jervis, Orange County. It is specific to the I-GEL Supraglottic Airway and to be used in only cardiac arrest situations.

Michael McEvoy reviewed comments by the Training and Education Sub Committee. It was added that the pilot was proposed due to a lack of immediate available ALS level care. Motion was made to approve the pilot as discussed.

The I-Gel Supraglottic Airway Pilot was discussed. Comments received prior to the meeting include noticing there is no required verification of placement by a physician on arrival in the ED and to add a QA/QI component to the program. The committee also noted that placement verification may also be performed by an Advance provider arriving on the scene.

Motion to approve the pilot project was passed without opposition.

It was noted that before the project can be implemented it must be approved by the NYS DOH Commissioner.

EMS Viral Pandemic Triage Protocol (Policy Statement 20-06) was referred to SEMAC's Medical Standards Sub Committee for review.

#### **EXECECUTIVE COMMITTEE**

No report.

#### **EDUCATION AND TRAINING SUB COMMITTEE, Michael McEvoy, Chair**

See separate section on Sub Committee meeting for additional information.

Training & Education Sub Committee presented a seconded motion:

To delay implementation of move to national AEMT educational standards until such time as the Bureau can make the necessary changes to protocols, exams and curricula. Motion passed without opposition.

#### FINANCE COMMITTEE, Steven Kroll, Chair

(See separate Finance Committee section for additional information on the Course Sponsor survey)

- No seconded motions for SEMSCO.
- Completed work on EMS Course Sponsor survey. Additional columns were added to the original proposal. Collects information on charges and cost of services. Data dictionary to be added. It goes back to BEMS&TS to be sent out to Course Sponsors on appropriate date.
- Discussed impact of COVID-19 on PPE and virtual expenses. There is concern about NYS budget and effect on REMSCOs and Regional EMS Program Agencies. Some are reducing staff and tapping into credit lines.

#### SYSTEMS COMMITTEE, Patricia Bashaw, Chair

- There has been no activity.
- No report

#### **LEGISLATIVE COMMITTEE, AI Lewis, Chair**

Discussion covered:

- A number of bills of interest from the 2019-2020 legislative session need to be introduced in the 2021-2022 session.
- Direct insurance payment to ambulance providers is needed. Ambulance transports fell 30% to 40% in 2020 and have not returned to pre-COVID-19 levels.
- COVID-19 exposure needs to be defined and cover all sectors.
- Heroes Loan Forgiveness bill should be passed.
- Diversity training for EMS is endorsed but needs to consider effect on Course Sponsors and course curriculum length. Question on is it pre-employment training and suggestion as possible addition to Vital Signs Academy.

See separate section for more in-depth Committee discussion on several bills of interest.

#### SAFETY COMMITTEE, Mark Philippy, Chair

See separate section for additional information on the Committee meeting. Seconded motion comes from the committee as shown below:

To approve the Equipment Standards as set forth in the amended document completed by the Equipment Technical Advisory Group as minimum standard for BLS First Response, certified Ambulance, BLS Emergency Ambulance Service Vehicle, and ALS First Response / EASV, to be included in a regulatory reform package for Parts 800.24, 800.25, and 800.26 of 10NYCRR Part 800.

The tag was headed by Bryan Brauner. Information was posted to Boardable for SEMSCO members to review. The change process is not at an end but if approved by SEMSCO the DOH Division of Legal Affairs (DLA) needs to craft the action into a reform bill that would reference a NYS DOH Policy Statement to be issued. The proposal would be published for public comment and come back for possible revision. There is no timeline and there is a backlog at the DLA.

There were comments about CPAP, BP cuffs, CO detectors, some items impacting agency bottom lines and the minimum standards list not being set in stone. It was noted that there would be a waiver process available in case of significant difficulties in meeting requirements.

Roll call vote was conducted and motion was passed without opposition

#### EMS for CHILDREN (EMSC) Amy Eisenhauer, Program Manager

- Preparing for 3/9/21 meeting and putting together the agenda.
- E-mail went out 1/6/21 related to a survey from the National Emergency Medical Services for Children Data Analysis Resource Center (NEDARC) which is a partner agency of EMSC. Actual survey went out 1/7/21. EMS agencies are encouraged to participate in the EMS for Children Survey. We need to know what is working and where we can do better.

#### STATE TRAUMA ADVISORY COMMITTEE (STAC), Ryan Greenberg

1/21/21 virtual meeting is scheduled.

#### **OLD BUSINESS**

None.

#### **NEW BUSINESS**

None.

#### **UPCOMING MEETINGS**

- SEMSCO and SEMAC late April or early May. Virtual
- EMS for Children 3/9/21. Virtual
- State Trauma Advisory Committee 1/21/21 Virtual

## STATE EMERGENCY MEDICAL ADVISORY COMMITTEE (SEMAC) Wednesday 1/13/21



Donald Doynow, MD, Chair

Meeting started at 9:06 AM

Meeting being recorded announcement was played.

Ryan Greenberg led the Pledge of Allegiance.

Roll call conducted - 15 voting members present

Moment of silence observed in memory of those lost in pandemic.

Motion was made, seconded and passed without objection to approve the 8/13/20 meeting minutes.

Chair indicted he would take the Medical Standards Sub Committee report as the first item of business.

#### MEDICAL STANDARDS SUB COMMITTEE, Lewis Marshall, Chair

See separate section for additional information on the Sub Committee meeting.

Eight (8) seconded motions were presented:

- 1. Seconded Motion from Medical Standards to approve the request from Susquehanna REMSCO to use 4 doses of Acetaminophen (Tylenol) 160mg/5ml (total 640mg).
  - a. This was to account for the difficulty in obtaining the Acetaminophen formulation of 650mg/20.3ML or the 325mg/10.15ml.
- 2. Seconded Motion from Medical Standards to approve the revisions to the medication formulary alternative medication list.
  - a. Add the Tylenol dose formulation to the alternative medication list. Approved. Amendment: Regions may make emergency changes to medication formulary dosing as long as there is no impact to patient care, and sol long as the bureau is made aware so other regions can be aware of the issue.
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  - a. The changes include addition of Tranexamic Acid infusion and blood transfusion of 1 unit Type O-negative per protocol. Both of these options would

be available if approved by medical director and available by trained providers. Also will allow the use of Tranexamic Acid in specific non-trauma hemorrhage to post-partum hemorrhage.

- 4. Seconded Motion from Medical Standards to approve changes to the Collaborative Nausea protocol to include patient self-administration of isopropyl alcohol inhalation in the treatment of nausea.
  - a. The committee discussed literature supporting this practice.
- 5. Seconded Motion from Medical Standards to approve changes to the Collaborative Excited Delirium protocol adding the use of waveform capnography to all patients who require sedation when safe and feasible.
  - a. The discussion centered on the safety of patients who require sedation due to excited delirium. The committee discussed some of the equipment available such as nasal cannula that measure waveform capnography.
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  - a. The concern raised about epistaxis in trauma was noted to be covered by the Key Points/Considerations section.
- 7. Seconded Motion from Medical Standards to approve changes to the Collaborative Airway Management and oxygen Administration to maintain O2 Sat at or above 92% and require a viral filter for all patients with a supraglottic airway or ETT.
- 8. Seconded Motion from Medical Standards to approve the NYC Vaccination protocol as presented with changes to allow flexibility in need size and length.
  - a. #4 bullet 3 change "shall" to "should" and at the end add "or manufacturers recommendation". May amend the language.

Discussions on each motion were none or minimal.

Motion to approve all 8 items was made, seconded and passed with votes of Yes-15, No-0 and Abstain-0.

#### **EDUCATION & TRAINING SUB COMMITTEE, Michael McEvoy, Chair**

See separate section on Sub Committee meeting for additional information.

- GREENVILLE TOWNSHIP VOLUNTEER AMBULANCE CORPS PILOT PROJECT TO USE I-GEL SUPRAGLOTTIC AIRWAY ON PATIENT IN RESPIRATORY FAILURE Sub committee discussed project at length and had 4 points for SEMAC and SEMSCO:
  - 1. Highly encourage use of electronic reporting and possibly requiring use of ePCR system so data can be collected in a standardized fashion.
  - 2. Extending project to a larger base rather than just 1 or 2 agencies would allow for collecting more data more quickly.
  - 3. Emphasized need for waveform capnography as a component of the project.
  - 4. Quality assurance process should require confirmation of placement by another provider such as ALS or ED physician.

It was also noted that this proposal is outside the national scope of practice of EMTs but the merits of the project and being cutting edge could change that.

Dr. Pamela Murphy added that the squad does about 450 calls a year, would welcome expanding it to other regions and agencies, was willing to serve as registry for other agencies, could run ZOOM meetings to explain the project, project requires ALS response or intercept be activated, would use 100% waveform capnography and project only involved cardiac arrest cases. Contact information is William Hughes, Executive Director, execdir@hvremsco.org, HVREMSCO, 33 Airport Center Drive, New Windsor, NY 12553.

Motion to approve the pilot project was made, seconded and passed with votes of Yes-14, No-0 and Abstain-1 (Daniel Olsson, DO). Project would have to go to the DOH Commissioner for approval.

IMPLEMENTATION OF NATIONAL AEMT EDUCATION STANDARD

Letter was received North Country region asking for a delay in the 1/1/21 implementation date of the national AEMT education standards.

Motion was made and seconded to:

Delay implementation of move to National AEMT educational standards until such time as the Bureau can make the necessary changes to protocols, exams and curricula.

Roll call vote was taken on the motion which passed with Yes-15, No-0 and Abstain-0.

### EMS FOR CHILDREN – Arthur Cooper, MD, Chair and Amy Eisenhauer, Program Administrator

- Next meeting is 3/9/21 and agenda is being set up. An announcement will be sent out.
- Survey was sent out 1/7/21 by the National Emergency Medical Services for Children Data Analysis Resource Center (NEDARC) which is a partner agency of EMSC. EMS agencies are encouraged to participate in the EMS for Children Survey. We need to know what is working and where we can do better.

#### STATE TRAUMA ADVISORY COMMITTEE

No report.

## BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS (BEMS&TS) STAFF REPORT TO SEMAC

See separate section for summary of reports made to SEMAC and SEMSCO.

#### **OLD BUSINESS**

#### DOH POLICY STATEMENT 20-06: EMS VIRAL PANDEMIC TRIAGE PROTOCOL

This was brought up at the Executive Committee meeting and a suggestion was made to add that Medical Control must be contacted prior to leaving the patient at home.

Discussion covered a number of issues. There is no specific data but there have been complaints from patients and doctors. It is not a Refused Medical Assistance situation but EMS deciding a patient does not need to be transported. NYC is not using the protocol because there is not the uptick experienced in March and April but there were complaints and possibly confusion based on patient temperature and maybe taking that out. Temperature of 100.4 might be sole reason for transport. Lack of information on statewide number of public complaints, protocol use and complications. EPCR vendor was asked to add check box on when protocol was used. If inappropriate use was noted it was addressed through quality system. BEMS&TS indicated early questions on was if protocol was allowed and current questions are about if protocol is still in place noting capacity issues in hospitals. There are systems in place to address most of the issues. Maybe QA must be done after each use within 24-48 hours to get timely feedback to providers. QA by Medical Director or agency QA Coordinator. Initial draft of protocol might have shown temperature of 104F. Is there an option for telemedicine rather than OLMC to come into this for consultation? After 8 months there was 1 complaint early on in a system that handles 160,000 calls annually and that was addressed by QI.

SEMAC Chair indicated best plan is to send protocol back to Medical Standards to look at it and bring up at the next SEMAC meeting. It was also suggested another option would be to have an additional Medical Standards meeting through Webex in the next month or so to move it forward and gather more information and research. Dr. Marshall will set it up.

#### **NEW BUSINESS**

Ryan Greenberg indicated there has been an uptick in COVID-19 spread in agencies, both in the number of positive cases and people in quarantine. There is a need to follow best practices especially masking in quarters. Crews are using PPE on incident scenes but there are lapses in other situations such as when they spend 12 hours on shift and involved in activities such as drills. In some situations other agencies have had to be brought in to help cover an area.

The 12/26/20 Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure and the subsequent 1/7/21 clarification of the protocols were discussed. Some regions are experiencing personnel shortages affecting their ability to do essential work in hospitals, EMS and fire departments. One county reports 25 to 50 % workforce reductions due to COVID-19 exposure situations. It was added that the waiver process and going through the Surge and Flex Operations Center was not being processed in a timely enough manner. There are real public safety issues not being addressed. It was indicated there is no answer but problem would be looked into.

Next meeting has not been scheduled but looking at end of April or beginning of May most likely in a virtual format. Conflict with schedule of other physician meetings was mentioned as well as needing maybe a 3 month advance notice.

Governor's State of the State Message mentioned making telemedicine processes easier and it was requested that SEMAC physicians be given seat at the table.

### BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS (BEMS&TS)

Ryan Greenberg, Director
Summary of Reports to SEMSCO and SEMAC
1/12/21 & 1/13/21



- Thanks for the accomplishments made in 2020.
- Requested a Moment of Silence be observed in memory of those lost. Commented that the EMS Memorial Tree of Life will add the highest number of names in a long time.
- BEMS&TS staff are involved in normal daily EMS operations plus COVID-19 activities such as testing sites, vaccination PODs and surge & flex operations under the direction of Steven Dziura, Deputy Director.
  - The Surge and Flex Operations Center has sent teams of ambulances to facilities to help with capacity issues.

- There are no extensions for EMS agency certification renewals. If there are issues with the renewals reach out to BEMS&TS. The State Administrative Procedure Act (SAPA) covers agency when all documentation has been timely submitted. DOH-3414 Ambulance Service Certificates are being e-mailed to agencies. If there are delays contact BEMS&TS.
- Agency field inspections are being done with some information collected virtually ahead of time.
- Complaints and Investigations Branch is handling an uptick related to COVID-19 involving lack of adherence to Executive Orders. Some EMS agencies are experiencing 4, 5 and 6 of their personnel testing COVID-19 positive. While proper PPE is worn on calls there is a need for compliance with masking and social distancing guidance and requirements in quarters for routine tasks, meetings, drills, etc. Medical Directors were asked to help ensure compliance. Districts chiefs are available as resources. There may be more monitoring of agencies with more than 1 positive case. BEMS&TS can help with sharing of best practices to minimize spread.
- Quarantine guidance on COVID19 exposures and positive results needs to be followed.
   Return to Work policy guidance needs to be followed even for essential workers. There is a pathway through the Surge & Flex Operations Center for truly essential workers needed to sustain operations.
- Administration Section under Lynn Farruggia, Section Chief is working on contracts and invoices. Mobilization status has continued and is 300 days along. On any given day there are 20 or so ambulances mobilized and reimbursement payments for them are being processed. Contract handling has been moved onto the on-line grants pathway. The 80% payment on invoices with 20% held back for review continues and there is no answer when it will end.
- Education status with PSI contractor is getting better and Computer Based Testing is becoming more seamless at all levels. A major issue is bad student e-mail addresses on the EXCEL spread sheets submitted by Course Sponsors.
- Certification cards will have a new look and be sturdier (and lasting more than 1 wash cycle). There may also be a digital option coming in 2021. The Health Commerce System (HCS) can be used to verify certification, expiration date, extension and in lieu of a replacement card.
- National Registry of Emergency Medical Technicians (NREMT) will be holding information sessions on upcoming EMS training coordination and certifications for both the BLS and ALS pathways.
   Coming in 2021 original paramedic students must take the NREMT cognitive exam for NYS certification. Recertification students can take either the NYS or NREMT exam. Psychomotor skills exam (PSE) for original paramedic students will use NREMT skills exam overseen by a NREMT proctor. Many BEMS&TS staff and regional faculty staff members are already NREMT certified. Any retest needs to be in an NREMT environment. Paramedic recertification students will continue with NYS PSE.
- BLS psychomotor skills exam is moving from traditional independent skills stations to 3 out-of-hospital scenarios involving the demonstration of multiple skills. There has been a delay in ramping up everything and expect guidance to come out.
- Data & Informatics Branch under Peter Brodie, Deputy Chief has grown and 3 new people have been added to the staff. They are working to finalize the new documentation standards and ET3 data fields validation rules as well as daily statistics on hospital capacity, wait times, surge & flex data, patient moves, hospital needs, etc. The paper PCR portal is to go live 2/2/21 and instructions will go out on scanning the sheets into ImageTrend software platform which will be an easier process for all. The free ePCR platform will also be going live in early February and will have at-cost options for integration with Computer Aided Dispatch (CAD), data upload from monitors and off-line features. Questions about the paper portal and free e-PCR and be submitted to

<u>emsdata@health.ny.gov</u> Thanks were expressed to the REMSCOs and EMS Program Agencies for help in testing.

More pathways are being moved on-line.

In response to a question from Michael McEvoy it was indicated demonstration sessions for comparison purposes on the free ePCR software for could be set up and a possible statewide presentation on new paper portal and free e-PCR software.

- Trauma Systems Program Manager Catherine Burns will be retiring 2/17/21. Daniel Clayton has moved over as Section Chief. At the 10/1/20 State Trauma Advisory Committee (STAC) meeting there were discussions about system integration of the trauma community. This was also covered at the SEMAC meeting. A Trauma Needs Assessment Committee was established. The next STAC meeting is scheduled for 1/21/21.
- Vital Signs Academy is currently holding CMEs 4 a week providing training for hundreds
  of providers.
   Vaccinator training has been streamlined and posted to the VSA web site. There are 4
  modules on-line, skills assessment at a POD site and back to the VSA to attest to
  completion of training.
- Operational briefing calls for EMS Leadership and Providers are back to weekly. There
  are usually 400 to 500 on the calls. They were held bi-weekly until about 4 to 5 weeks
  ago.
  - Bi-weekly calls for Course Sponsors were paused but will be restarting in January.
- Emergency Triage, Treat and Transport (ET#) 5 year pilot model is moving along towards implementation. 25 agencies in NYS will be begin participation starting now through the next 6 months.
- Providers are coming up for scheduling 2<sup>nd</sup> vaccine dose at 21 or 28 days and should reach out to site where 1<sup>st</sup> dose was received if they have not received an electronic notice for scheduling. 1 agency contact is preferred rather that multiple contacts from individuals. Do not go on to CMDS to schedule 2<sup>nd</sup> dose as a 1<sup>st</sup> dose.
   Vaccine administration has entered Phase 1B with fire department and police personnel eligible.
  - There are multiple state run mega PODs coming up this week and next week.
- EMS for Children survey notice was sent out on 1/6/21 with actual survey link coming
  from the National Emergency Medical Services for Children Data Analysis Resource
  Center (NEDARC) which is a partner agency of EMSC. EMS agencies are encouraged
  to participate in the EMS for Children Survey. We need to know what is working and
  where we can do better. If agencies need the link send an e-mail to
  amy.eisenhauer@health.ny.gov
  Over 500 EMS agency e-mails were recently updated
  with current contact information.
- Alan Lewis, United NY Ambulance Network asked question about EMT-CC level and sunset date. Response was that CME based re-certifications are continuing. Out of 65,000 EMS providers in the state there were 1,500 at the EMT-CC level which has now dropped to 1,100 to 1,200. Discussions indicate common answer is to continue for 10 years or 3 recertification cycles from the point of announcement.

# Protocol/Medical Standards Sub Committee Tuesday 1/12/21 Dr. Lewis Marshall, Chair

Meeting began at 8:07 AM.

Recorded announcement of meeting being recorded was played.

Roll call of attendance was taken.

35 committee members and other panelists were logged in to the meeting.

Dr. Marshall indicated there were a number of proposals to cover:

1. Susquehanna REMSCO use of 4 doses of Acetaminophen (Tylenol) 160mg/5ml (total 640mg).

Discussion covered letter reporting difficulty in securing Tylenol liquid in 650mg/20.3ml doses.

Motion to approve was made, seconded and passed unanimously by consent.

2. Revisions to the medication formulary alternative medication list to add Tylenol dose formulation.

Discussion covered that Finger Lakes region updated the formulary and the need to update formulary annually or biannually.

Motion to approve was made, seconded and passed unanimously by consent.

- 3. Revisions to the Collaborative Trauma: Hemorrhagic Shock Adult protocol to add Tranexamic Acid infusion and blood transfusion of 1 unit Type O-negative. Existing protocol with the proposed change(s) highlighted was put on the screen. Discussion covered Tranexamic Acid as a medical control option and endorsed by a sub group including members of the STAC. Upstate trauma surgeons asked for addition of blood mainly for air medical and ground agencies appropriately trained and credentialed. There were comments about gynecological bleeding and gastrointestinal bleeding that are not traumatic but that would be a separate protocol. There is a need for regional approval and all of the changes may not be approved at higher levels. Motion to approve was made, seconded and passed unanimously by consent.
- 4. Changes to the Collaborative Nausea protocol to include patient self-administration of isopropyl alcohol inhalation in the treatment of nausea. Existing protocol with the proposed changes highlighted was put on the screen. Discussion covered that this treatment has worked well in triage areas of EDs, have had better outcomes and has been covered in medical literature in other fields back to 1998. Comment that there is little potential for harm.

Motion to approve was made, seconded and passed unanimously by consent.

5. Changes to the Collaborative Excited Delirium protocol adding the use of waveform capnography to all patients who require sedation when safe and feasible

Existing protocol with the proposed wording change(s) highlighted was put on the screen. Discussion indicated that change clears up a clerical error omitting the requirement for end tidal CO2 on patients who have been sedated and placing the patient on waveform capnography when it is physically possible to do so. When using pharmacological sedation as much physiologic information as possible is desirable. Pulse oximetry and other forms of monitoring are done on a regular basis but not always capnography. It is already required for intubated patients. Use of nasal prongs was mentioned. "In addition to standard monitoring" will be added to wording. Motion to approve was made, seconded and passed unanimously by consent.

- 6. Changes to the Collaborative Epistaxis protocol as presented.
  - Existing protocol with the proposed wording change(s) highlighted was put on the screen. This is a new protocol. Discussion covered situation where patient simply pats nose that is dry and cracked & gets a nose bleed. Patient sits upright with head leaning forward, pinches nose at the highest area of soft tissue for at least 20 minutes, spits out any blood in oropharynx and may be instructed in personal use of suction for the oropharynx if able to assist. There were also instructions for ALS treatment. Comment was made that care givers be aware this is a potentially messy BBP situation and use appropriate PPE including face shield and gown. Cervical spine considerations are covered in Key Points/Considerations.
  - Motion to approve was made, seconded and passed unanimously by consent.
- 7. Changes to the Collaborative Airway Management and Oxygen Administration to maintain O2 Sat at or above 92% and require a viral filter for all patients with a supraglottic airway or ETT.
  - Existing protocol with the proposed wording change(s) highlighted was put on the screen. There were discussion or comments.
  - Motion to approve was made, seconded and passed unanimously by consent.
- 8. Approve the NYC Vaccination Administration Guidelines (Adult and Pediatric) protocol as presented with changes to allow flexibility in needle size and length. Protocol wording was posted on the screen. It covers weights, needle sizes, needle lengths, required documentation, reporting requirements and an Appendix I covering COVID-19 and emergency use authorization.
  - Discussion covered the explicit instructions on needle gauge and length sizes that shall be used. Availability usually depends on what federal government supplies and one POD reported 1 needle size and 5 different types of syringes were supplied. There are currently national shortages on needles and syringes. Maybe wording would be better with "should" rather than "shall" so as not to get boxed in. Comments continued about the good range of needle sizes, ranges available and similarity with DOH training for vaccinators. Ryan Greenberg indicated NYC vaccinators still need to go through the state vaccinator training. Dr. Michael Dailey commented on the need to "get it done" during this pandemic.

There was comment on need to consider allergic reaction and have appropriate resources at POD. Ryan Greenberg commented on medical direction needed at POD and possibility of wording change to that being available. It was noted that the EMTs and paramedics assigned to PODs would follow everyday protocols for the situations and OLMC would be available if needed.

Motion to approve was made, seconded and passed unanimously by consent.

#### FINGER LAKES REGIONAL EMS SPECIALTY CARE TRANSPORT PROTOCOLS

Dr. Jack Davidoff stated that they have had issues with multiple agencies running specialty care transfers with no specific set of protocols. For years there has been the feeling of the need to bring them all together on the same page and have a better concept both on their part and the region's part on what is being done for the patients. For the last year the region has worked on a set of guidelines. There is room for specific orders from the sending or receiving physicians and for quality reviews of the transports. The guidelines document totals about 102 pages.

Dr. Michael Dailey commented that these are transfers between Article 28 facilities and there were questions in the past on where SEMAC and REMACs fall with oversight and it would be a huge lift for SEMAC to resurrect work done years ago that had no results. He supports regional collaboration and agencies working together for training and a single set of orders but questions if it is the purview of SEMSCO to endorse the FLREMS doing it regionally.

Dr. Davidoff indicated the protocols were presented as a curtesy to the state. The current regulations do not require SEMAC and SEMSCO to follow the protocols but rather to

see if anyone else wanted to benefit from the region's hard work. The region is going ahead to implement the protocols in the next week or two. Suggestions for changes are welcome.

There were comments that these are regional procedures rather than protocols and that doctor's orders on the transfers usurps any standing orders and protocols the protocol/guidelines are beyond the scope of the committee.

Dr. Marshall commented that it sounds like they support the development of the protocol but it does not require Medical Standards and SEMAC approval. The document would be shared with the regions and noted that NYC region was working on their interfacility protocols as well.

#### GREENVILLE TOWNSHIP VOLUNTEER AMBULANCE CORPS PILOT PROJECT TO USE I-GEL SUPRAGLOTTIC AIRWAY ON PATIENT IN RESPIRATORY FAILURE

Documentation submitted included policy and procedures, a very extensive PowerPoint going through respiratory physiology, an educational program and psychomotor testing. Comments received prior to the meeting noted mention of color metric monitoring but not waveform capnography, lack of confirmation of placement on arrival at ER, no specific QA/QI requirement and mention of a gag reflex.

Comments at the meeting covered use in cardiac arrest only, need for QA to be done, expense of waveform capnography, confirmation of placement by ALS provider and ED physician and broadening to other agencies across the state, scope of practice of EMTs and lack of much data coming from the one agency and being made broader.

Dr. Pamela Murphy, GTVAC Medical Director indicated they have a well-developed QI sheet as well as process, every case would be reviewed and ALS must be engaged. It was noted that a similar pilot was approved years ago in Suffolk County and is a reasonable change in scope of practice for EMTs and could be expanded to other agencies.

Decision was to forward proposal to Training and Education Sub Committee for their concerns and thoughts to bring to SEMAC.

It was indicated there were other discussion items that may need to be covered the next day or offline or at between now and the next meeting.

# Education and Training Sub-Committee Tuesday 1/12/21 Michael McEvoy, Chair

Meeting began at 9:51 AM.
Roll call of committee members was taken.
31 members and panelists on the call.
Meeting being recorded announcement played.

### BUREAU OF EMS & TRAUMA SYSTEMS STAFF REPORT – Jean Taylor, Deputy Chief, Education Branch

- Testing is finally getting better and it is a much smoother process.
- Since 8/24/20 students have been allowed 3 attempts at the [cognitive] exam vs. only 2 attempts previously.
- BEMS&TS is receiving score reports daily and automatically populates them to the Health Commerce System next weekday.
- There will be a call for Course Sponsors next week.
- The greatest number of complaints being received concern student e-mail addresses and that they are not getting e-mails. Course Sponsors need to ensure there are no

typos in what is entered in the EXCEL file. They are working to make the change process easier. In response to a question about which file is sent to PSI – the original file or the one with the end of course materials – the answer was they are not sure and if a new entry overrides a previous entry. John MacMillan added that the original EXCEL file could be saved as a new file with a different file name but with the same course number.

- Course Sponsor renewals due in June 2020 were extended to May 2021. Hopefully forms will be out in March 2021.
- CME Refresher program is not yet totally on-line.
- Liz Donnelley is working diligently on instructor certifications and recertifications. They are catching up after being behind due to work on other projects.

#### EMT-CC TO PARAMEDIC BRIDGE PROGRAM, Ryan Greenberg Commenting

- There have been positive results from testing.
- There has been a significant decrease in the number of enrollees in classes to the 40-50 student range from 100 in previous classes.
- Need to figure out a plan going forward. All EMT-CCs should be aware of the program.
- Sunset date for program is open for discussion.

#### GREENVILLE TOWNSHIP VOLUNTEER AMBULANCE CORPS PILOT PROJECT TO USE I-GEL SUPRAGLOTTIC AIRWAY ON PATIENT IN RESPIRATORY FAILURE

Project was brought up at Medical Standards Sub Committee, discussed and passed on to the Training & Education Sub Committee for review and input on the educational content. The project comes from the Hudson Valley region.

Comments from those who attended the Medical Standards meeting and those at Training & Education covered the project document needing to be more concise, having a wider data set, it being a singular device and being open to other devices, it should be restricted to only cardiac situations, not transporting majority of cardiac arrests, use of colorimetric end-tidal CO2 monitoring, expense with capnography and visual device option, cost not being an issue for an optional project, opening up project to other regions & agencies interested for more data, confirmation of placement by ALS and ED physician, need to do it right with waveform capnography, being able to upload data to e-PCR and electronic chart, use of a screen shot, use of a supraglottic airway and end tidal CO2 monitoring not being in the current scope of practice of EMTs but is limited to AEMT and EMT-P, capnography being taught in the EMT curriculum and overall BLS skills in general. NYC region's plan for handling multiple patients and use of supraglottic airways and monitoring options was briefly discussed.

Information was provided indicating the squad has 2 Lifepak 15 defibrillators having waveform capnography, does electronic charting and the pilot would run 6 to 12 months. There was mention of a previous pilot approved for Suffolk County years ago that never got off the ground for several reasons. A successful supraglottic airway pilot could help change the national EMT scope of practice in the future.

Michael McEvoy indicated hearing the sentiment to recommend to SEMAC and SEMSCO, to require waveform capnography and data collection be optimized preferably requiring agencies be on an electronic platform. In answer to a question Ryan Greenberg indicated considerable reservations about the scope of practice issue not being in alignment with the national standard but another person talked about NYS being a leader in change. Question raised of should EMTs do this and is there is clinical benefit.

Choices being considered seemed to be endorsing the project as a reasonable one especially for rural areas where ALS is limited or making no comments as the project is beyond current scope of practice of EMTs. Michael McEvoy indicated he thought he could determine the sentiment of the committee and report to SEMAC.

#### IMPLEMENTATION OF NATIONAL AEMT EDUCATION STANDARD

North Country Region submitted a letter asking SEMAC & SEMSCO to delay the 1/1/21 planned implementation of new national AEMT education standards. BEMS&TS representatives indicated it had not had time to make any changes to the exam and there were some minor protocol edits to be made. Consensus seemed to be to delay implementation letting BEMS&TS decide when to implement. No vote was taken and Michael McEvoy will cover the issue in his reports to SEMAC and SEMSCO.

#### **EMT-P PRACTICAL SKILLS EXAMS**

Question was asked about the new practical skills exam manual. Ryan Greenberg advised it has been delayed. The policy guidance is in review and should be out shortly. It covers the BLS PSEs remaining the way they now are until the policy manual comes out. The paramedic original course practical skills exam starting this month will follow the NREMT model with NREMT proctors. A paramedic PSE retest will be transitioned away from being two days later to being the same or next day depending on class size.

## FINANCE COMMITTEE Tuesday 1/12/21 Steven Kroll, Chair

Meeting started at 10:51 AM.

Announcement of meeting being recorded was played.

There were 21 panelists on the call plus the public audience.

Roll call of committee members was conducted.

#### **COURSE SPONSORSHIP FUNDING SURVEY**

The NYS Training and Education Fund that supports EMT training has been stagnant for many years. Course Sponsors that provide EMT training are struggling to continue training EMTs as course costs have continued to increase and have not been matched by corresponding funding Increases.

The Finance Committee of SEMSCO is reviewing reimbursement rates for EMS training courses and has developed an Excel spreadsheet document to collect information including if Course Sponsors were to recoup the full cost of teaching courses in 2021 without receiving reimbursement how much would they need to charge for courses per enrolled student.

The survey is expected to go out sometime in 2021 and will cover course types, requirements, charges and expenses:

#### **COURSE TYPES**

Original Courses	CME Refresher	Instructor Courses
CFR Original	CFR CME Refresher	Skills Screening
EMT-B Original	EMT-B Refresher	CIC
EMT- B Refrsher	AEMT Refresher	CLI
AEMT- Original	EMT-P refresher	Instructor Update
AEMT Refresher		
EMT-P Original	Rapid Recert Program	
EMT-P Refresher	EMT-P Refresher	

#### **COURSE REQUIREMENTS, CHARGES AND EXPENSES**

Sponsor Course Requirements
Course Taught - Yes/No
Min # of Students Required
Number of Classroom Hours
Number of Clinical Hours

Per Student Cost of Fees
Course Tuition
Book Fee
Technology Fee
Lab Fee
Other Fees

Sponsor Course Expense Constants
Faculty Expense
Course Admin Expense
Didactic Instruction
Lab Instruction
Medical Director
Skills Evaluations
Practical Skills Exam
COVID Related Costs (PPE)

The columns and row headings may be adjusted before the survey goes out. A data dictionary will be included in instructions for the survey to further explain some of the categories and where to put expenses such as insurance, supplies, in-kind services, etc. Reponsding to the survey is voluntary but the Finance Committee needs the data if it is to advocate for the needed funding increases.

#### OTHER ISSUES DISCUSSED:

- Vouchers continue to be paid at 80% with 20% held back for review with no word on when it will end.
- In March and April 2020 there was a significant drop off in ambulance transports including interfacility transfers and while volume is up it is still not back to pre COVID-19 levels. One agency reported a 2,000 drop in transports.
- PPE use and costs remain above pre COVID-19 levels.
- Students who completed their training course but have delayed taking the state final exam is impacting vouchering and the cash flow of Course Sponsors.
- Some Course Sponsors have switched from accepting vouchers to requiring students to pay up front and seek reimbursement from their agencies on successful completion of the course. Some students may now be shopping around for the cheapest course they can find in their area.

SAFETY COMMITTEE
Tuesday 1/12/21
Mark Philippy, Chair

Meeting started at 12:02 PM.

Announcement played that meeting was being recorded.

Roll call of attendance was taken.

26 committee members and other panelists were logged in to the meeting.

#### PART 800.24, 800.25 AND 800.26 FINAL REVISION

Bryan Brauner headed a Technical Advisory Group (TAG) which has completed work on establishing a floor of minimally accepted standards that NYS ambulances should have in order to function. It by no means establishes a ceiling. Every ambulance service is encouraged to look at agency, community and regional needs and craft an appropriate standard. There may be stakeholders unhappy with certain aspects of the equipment standards and that is where consensus and public comment will come in. This document is part of a 2 part project, the second part being regulatory changes in order to make this a reality. After committee and SEMSCO approval it would go to the DOH Division of Legal Affairs for review

with the regularity changes being proposed to accompany this in order to make changes in a rational and time sensitive fashion. The regularity changes would then come back to next SEMSCO meeting for review and ratification. The entire package would then go to the DOH Commissioner for approval. During that time there will be ample opportunity for public comment today, tomorrow or once it becomes part of the public process. There was mention that how people would look up the information and how it would be posted and engage in the public discourse.

Summary of Changes & Corrections Since Last Work Group Discussion

- Changed Narcan to Naloxone.
- Update ALS medications to specify routes, including IO
- Change to Bleeding / Hemorrhage
- X = required item that has alternative quantities (6 flares or 3 triangles) or does not have a specific quantity (direct and/or video laryngoscopy)
- N/A = not applicable for that vehicle or service
- Liquid glucose added to BLS medications
- Add or equivalent to ASA bottle
- Typos corrected
- Added 120mm OPA option
- Lubricating jelly is in miscellaneous #14
- Added rigid suction to BLSFR
- Made soft suction optional for BLSFR
- Updated length-based tape description to include requirement for current guidelines
- Added scope of practice and level of care language for AEMT exceptions to ALS requirements
- Added surgical masks to miscellaneous equipment

Aspirin blister packs can be substituted for an aspirin bottle.

Intranasal glucagon was removed from BLS standards.

Cardiac monitor capable of manual and automatic operation satisfies AED requirement.

BLSFR is a person on foot with a small bag. College based agency was given as an example. BLS EASV is a vehicle.

Agencies could stock for single call or multiple calls at agency option. If supply is used or exhausted or equipment unavailable then unit is out of service.

#### Discussion points for today:

- 1. Require naloxone, albuterol and nebulizer for BLSFR?

  Discussion covered albuterol and nebulizer would require oxygen for BLSFR, naloxone, albuterol and CPAP are regional options and require expenses and paperwork and Collaborative protocol change.
- 2. Require oxygen for BLSFR?
- 3. Require infant BP cuffs?

Discussion covered BP accuracy with an infant cuff, limited use, with unconscious baby the heart rate is important, respiratory status and perfusion are important, central vs. peripheral pulses, what does EMS for Children, Pediatric Prepared Equipment List and American Academy of Pediatrics say on the subject, potential public comments, child cuff requirement vs. infant/neonatal cuff requirement, manual vs. automatic cuffs, AAP recommendation of child cuff and infant/neonatal being optional, possible deferral of decision to a later time and need to consider functional capability vs mechanical capability when considering manual and automatic cuffs.

#### EXCEL spreadsheets exist covering the specifics on:

- Patient Transfer Equipment 6 requirements.
- Airway & Oxygen Equipment/Sudden Cardiac Arrest Resuscitation Equipment 11 requirements.
- Immobilization and Trauma Patient Management Equipment 7 requirements.

- Infant and Pediatric Airway, Oxygen and Resuscitation Equipment and Other Infant and Pediatric Related Equipment – 13 requirements.
- Bleeding and Hemorrhage Control Equipment 11 requirements.
- Miscellaneous & Special EMS Equipment in Clean & Sanitary Condition 19 requirements.
- Safety Equipment 3 requirements.
- Required BLS Medications and Adjuncts 8 requirements.
- Required ALS Medications and Adjuncts -12 requirements.

Motion was made and seconded to accept the TAG report and the Part 800 changes.

There was additional discussion about CPAP and blood glucose monitoring equipment being listed under BLS Medications and Adjuncts as required. There is additional training and paperwork needed and not all agencies or regions utilize these regional options. This may have been a typo and decision was made to make these optional at the BLS level and required for ALS. There was also a question about changing DOH Policy Statements to conform to what is required equipment and supplies and what is optional and this will be addressed. Infant BP cuff is being removed from equipment requirements.

Roll call vote of vetted committee members was taken and motion passed with votes of Yes-5, No-0 and Abstain-0.

DOH Policy Statement 20-06 EMS Viral Pandemic Triage Protocol was listed on the committee agenda for discussion.

At the last meeting there was discussion about repealing the protocol as COVID-19 had lessened but that it could come back, there were problems with the protocol and why not fix the problems.

Discussion indicated there were areas using the protocol to not transport patients. There is now an upward slope of cases and protocol is being actively used in areas being impacted. There does not seem to be any glaring issues. Mention was made of Sp02 < 95% vs. Medical Standards going with AHA recommendation of Sp02 < 92%, taking reading after exertion vs. at rest, being used as a OLMC option in a region and making sure criteria was still accurate in light of what has been learned over the course of the pandemic.

Future Project Development

• Next big project is Emergency Vehicle Operations Standard.

New Chair of Safety Committee

 It is becoming increasingly difficult to chair SEMSCO and Safety Committee. Notify Mark Philippy if interested in serving as Chair of the Safety Committee.

### Legislative Committee Tuesday 1/12/21 Al Lewis, Chair

Meeting started at 1:05 PM.

Announcement played that meeting was being recorded.

23 committee members and panelists were on the call.

Committee member attendance was taken.

It was noted that the Legislative Committee and the State EMS Council cannot lobby for or against legislation but Committee Chair believes how legislation affects business can be discussed.

#### **Proposed Legislation**

The first 3 bill numbers shown below are for the 2019-2020 legislative session and similar bills need to be reintroduced for the 2021-2022 legislative session.

#### S3526 - A6211 (2019-2020 Session)

Authorizes payments to nonparticipating or non-preferred providers of ambulance services licensed under Article 30 of the Public Health Law; exempts a city with a population of one million or more persons.

Discussion covered that ambulance call volume fell 30% to 40% with COVID-19 early in 2020. Interfacility transfers also fell. Volume is recovering somewhat. Technology in the future may affect the number of nursing home to hospital trips. Bill would not cost anything to NYS.

#### **S8041 – A10172** (2019-2020 Session)

Provides that if, as a result of services performed in line of duty during a state of emergency, a volunteer firefighter or volunteer ambulance worker is exposed to or comes in contact with COVID-19, the chief engineer or other executive officer of the fire department or fire company or the captain or other executive officer of the ambulance department, volunteer ambulance company or ambulance district of which he or she is a member may authorize such volunteer firefighter or volunteer ambulance worker to obtain such examinations, tests, treatment and care as are immediately necessary to determine whether he or she is injured; further grants a presumption that exposure to COVID-19 caused partial or total disability or death.

Discussion covered the need to define COVID-19 exposure, would it be similar to 911 presumption as line of duty connected, death benefit and EMS memorial considerations and total or partial disability. Suggestion was made to seek NYS DOH Division of Legal Affairs guidance on wording.

One agency's member may have received some LOD recognition but it was not known from where. Another agency reported filing LODD claim involving member who had COVID-19 and other 3 members of crew tested positive - was patient the source? No way to prove or disprove and no valid contact tracing can be done. The onus of proof is on the provider.

Carl Gandolfo reported on FDNY EMS unions looking to draft legislation for COVID-19 coverage under Workers Compensation and there was suggestion of other interested organizations such as UNYAN, NYSVARA and FASNY working on joint effort covering all sectors.

#### **S8650 – A10689** (2019-2020 Session)

Frontline health care workers and first responders have been rightfully lauded as the heroes of the COVID-19 crisis response for tirelessly working to protect the lives and health of New Yorkers, while selflessly putting their own safety at risk in order to do so. Appreciation for their efforts has come in many forms, from organized applause to donated goods and equipment. However, many of these same health care professionals and first responders are facing insurmountable student loan debt used to fund the education that makes them qualified to do this heroic work. In an effort to alleviate some of this burden, this legislation creates the New York State COVID-19 Heroes Loan Forgiveness program to offer awards to frontline health care, professionals and first responders that have served in such capacity in direct response to the COVID-19 public health emergency.

The legislation below was previously introduced in the 2021-2022 session but failed to progress to become law. It has been reintroduced for the new legislative session.

#### **S341 – A1184** (2021-2022 Session)

This legislation would mandate all first responder training courses (including those for municipal police officers, State Police, corrections officers, firefighters, and EMS) to require that 20 percent of the overall content and courses required for these professions consist of diversity and inclusion training. These trainings should specifically focus on biases related to race, ethnicity, gender, sexual orientation, religion, age, and disability, special needs, among others.

Discussion indicated this was for law enforcement but wording also coves EMS. It is vague and open ended. Most EMS training is outside of an employment or volunteer setting. It could add more class  $Page \mid 20$ 

hours for Course Sponsors to include in the curriculum and be a burden on them to absorb the costs or to students if the costs are passed on to them. Perhaps the Training & Education Committee could suggest language for the bill. It was asked if DOH Division of Legal Affairs could clarify the proposed requirement.

#### **Passed Legislation**

#### **S9608A - A1629A** (2019-2020 Session)

To establish an advisory council within the Office of Mental Health that would ensure the trauma related behavioral health needs of essential workers during the COVID-19 pandemic are met. Discussion covered that this legislation was signed by the Governor on 11/27/20 and the question now is what the Frontline Workers Trauma Informed Care Advisory Council will do.