



New York State
 Volunteer Ambulance
 & Rescue Association Inc.



**THE BLANKET Special Edition
 SEMSCO & SEMAC Meetings - February 2024**

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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)
 and Committee/Sub-Committee
 Meeting Notes - 2/6/24 & 2/7/24

(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 as 2nd Vice Chair and a member of the Legislative and Innovations & Research Committees.



The February NY State EMS Council meetings were held over a 2 day period on Tuesday 2/6/24 and Wednesday 2/7/24 at the Hilton Garden Inn, Troy, NY. Attendance was in-person with no on-line option as the relevant Executive Order #4 has expired.

This is not a verbatim transcript. Outline notes were taken during the meetings by James Downey, BLANKET Newsletter and filled in afterwards. Professional titles after names are shown in many cases. Committee member names were recorded when a roll call was conducted but it was not always possible to clearly hear all the names or if a person answered they were present. Attendance sheets were used at most meetings. Thanks are extended to David Violante for sharing his meeting notes.

Videos of the main SEMSCO & SEMAC meetings has been posted on the DOH website at <https://vimeo.com/event/3956723>

The next meetings of the State Emergency Medical Services Council (SEMSCO) and State Emergency Medical Advisory Committee (SEMAC) will be Tuesday 5/7/24 and Wednesday 5/8/24 at the Hilton Garden Inn, Troy, NY. Meetings will be in-person.

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NYSVARA Leadership on the State Emergency Medical Services Council

North Country, Capitol Area, Hudson Valley & Downstate - the concerns and interests of the volunteer sector have a voice on the State EMS Council.

	<p>Teresa Hamilton, Executive Vice President 2nd Vice Chair of SEMSCO representing the volunteer ambulance sector Member of the Legislative and Innovations & Research Committees</p>
	<p>Mark Deavers, Vice President Member of SEMSCO representing North Country REMSCO Chair of Systems Committee Member of the Legislative & Regulations and Innovations & Research Committees</p>
	<p>Maryanne Portoro, Director NYSVARA District 1 Member of SEMSCO representing emergency nurses Member of the Innovations & Research and Quality Metrics Committees Non-voting member of SEMAC</p>
	<p>Steven Kroll, Chair NYSVARA Legislative Committee Member of SEMSCO representing Hudson-Mohawk REMSCO Chair of the Finance Committee Member of the Legislative, Safety and Innovations & Research Committees Non-voting member of SEMAC</p>
	<p>Jerry Gelbard, Director NYSVARA District 18 Alternate volunteer ambulance sector representative on SEMSCO. Member of the Systems Committee</p>

STATE EMERGENCY MEDICAL SERVICES COUNCIL (SEMSCO)
Wednesday 2/7/24, 2:00 PM to 4:53 PM
Meeting Duration: 2 Hours 53 Minutes



Michael McEvoy, PhD, RN, Chair

Meeting was called to order by the Chair at 2:00 PM.

Chair read into the record a script covering information about the Open Meeting Law and Public Officers Law, Article 4, Section 74 Code of Ethics Rule with respect to conflicts of interest.

Pledge of Allegiance was conducted.

Roll call of members was conducted:

- | | |
|----------------------------|------------------------|
| Allison Burke, JD - Absent | Andrew Knoell |
| Stephen Cady - Absent | Jared Kutzin, DPN |
| Scott Clark | Al Lewis |
| Robert Crupi, MD | William M. Masterton |
| Mark Deavers | Michael McEvoy, RN |
| Donald DuVall | Elizabeth McGown |
| Mickey Forness, RN | Mark Philippy |
| Carl Gandolfo | Maryanne Portoro, RN |
| Gregory Gill | Jeffrey Rabrich, MD |
| Jason Haag | Michael Redlener, MD |
| Teresa Hamilton - Absent | David Simmons - Absent |
| Donald Hudson | Carla Simpson |
| Douglas Isaacs, MD | Christopher Smith |
| Al Kim | Chad Smith |
| Stephen Kroll | David Violante |

Quorum is present.

Alternate non-voting members present:

- Jerry Gelbard in place of Teresa Hamilton
- Meryl Montrose in place of David Simmons



Motion made, seconded and passed to approve the minutes of the 12/6/23 meeting

CORRESPONDENCE

- Letter from Monroe-Livingston REMSCO, which was referenced in December, related to concerns and issues with instructor training, availability of CICs and the process by which these people move through the system. This has been addressed by the Education and Training Committee and BEMS&TS staff.
- Letter dated 12/20/23 from Southwestern REMSCO regarding the EMT-CC sunset requesting delay till 7/1/30. Letter was read into the minutes. Will be discussed later in the meeting.

CHAIRPERSON'S REPORT - Michael McEvoy



Chair presented the NYSVARA Richard Beebe award to Michael Benenati, LaGrange Fire District for consistent work spanning 10 or more years and having a positive impact on the volunteer non-profit EMS community. Benenati was unable to attend PULSE CHECK in 2023 to receive the award at that time.

- Chair advised that agenda shows training on Boardable but that training only applies to SEMSCO members and will be given on-line at some other time.
- Agenda will be adjusted regarding the order of committee reports.

1ST VICE CHAIR REPORT - David Violante

- No report

2ND VICE CHAIR REPORT - Teresa Hamilton

- No report.

BUREAU OF EMS & TRAUMA SYSTEMS REPORT - Ryan Greenberg, Director

See separate section for compilation of reports given at SEMSCO, SEMAC, and committee/subcommittee meetings on Tuesday 2/6/24 and Wednesday 2/7/24.



DOH Deputy Commissioner Douglas Fish, MD was introduced. He is acting head of the Office of Primary Care & Health System Management, to which BEMS&TS reports. He replaced John Morley, MD who retired in December. For the last 9 years Dr. Fish has been Chief Medical Officer in the Medicaid office. Before that he practiced for over 20 yeears in internal medicine and infectious diseases. He still sees patients in hospitals and does consulting. During the pandemic he worked with senior BEMS&TS staff at the Javits Center in NYC.



Assemblymember Amy Paulin was introduced later in the meeting. She represents Disctric 88 which covers parts of Westchester including the Scarsdale area and is Chair of the Health Committee replacing Richard Gottfried who retired last year. She recognized the work done by EMS agencies and providers. Additional comments were made about last years Governor’s budget proposals and the support and opposition that she said can’t continue if we are to make progress. Lastly, she commented the reason she attended today was about needing to understand the decision process involved with the delays in the pending Scarsdale VAC request despite REMSCO support.

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

Donald Doynow, MD reported on the SEMAC meeting. See separate committee report for detailed information.

Jeffrey Rabrich, DO Chair of the Medical Standards Committee presented 4 seconded motions from SEMAC.

Collaborative ALS Protocols

Motion to approve the ALS collaboratibe protocols implemented no later than 7/1/24. Roll call vote was conducted with YES=26, NO=0 and ABSTAIN=0. Motion Passed.

BLS Protocols

Motion to approve the BLS Protocols implemented no later than 7/1/24. Roll call vote was conducted with YES=26, NO=0 and ABSTAIN=0. Motion Passed.

NYC Protocol Changes

Motion to approve the NYC Protocols. Roll call vote was conducted with YES=23, NO=0 and ABSTAIN=3 (Gandolfo, Hudson and Masterton). Motion Passed.

EMT-CC Sunset Plan

Motion to approve and the specifics of the sunset timeline were shown on the viewing screen and read aloud. There were comments from Al Lewis, Chad Smith, Donald DuVall and Donald Hudson that repeated discussions at other meetings.

Roll call vote was conducted with YES=20, NO=6 (Clark, DuVall, Forness, Gill, Lewis and Chad Smith) and ABSTAIN=0. Motion Passed.

EDUCATION & TRAINING COMMITTEE - Donald Hudson, EMT-P, Chair

- Committee met on Tuesday 2/6/24.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

Seconded motions were presented with vote on both to taken together:

Calculator Use on Exams

Motion to allow the use of calculators on all NYS EMS certification exams.

Clarification indicated students would not use their own calculators but the testing vendor would turn on the on-screen calculator option. No PSI test cost increase is expected.

Practical Skills Exams During Course

Motion that Effective 7/1/24 to allow any CoAEMSP accredited paramedic program to substitute in-course student skills evaluations and CoAEMSP student skill portfolios in place of a formal one or two day Practical Skills Exam for Paramedic-Original students.

Roll call vote on motions was conducted with YES=26, NO=0 and ABSTAIN=0. Motion Passed.

LEGISLATIVE & REGULATIONS COMMITTEE - Al Lewis, Chair

- Committee met on Tuesday 2/6/24.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

Steven Kroll presented 5 seconded motions from the Legislative and Regulations Committee. Motions 2 through 5 have been amended slightly removing the word endorse and indicating to the Commissioner that SEMSCO supports the legislation.

Paramedic Training Related to EMS Task Force

To support needed growth in the EMS workforce, the Legislative Subcommittee asks SEMSCO to recommend to the Bureau of EMS that training funds be used to support and pay for the Paramedic training of a number of Paramedics equal to the number that are going to be hired by NYS to staff the new NYS EMS Task Force.

Motion passed unanimously by show of hands.

S5000-A4077

The Legislative Subcommittee recommends that SEMSCO communicate to the Commissioner of Health support for S5000 (May) / A4077 (Lupardo) that would remove EMS services from the real property tax cap to reduce barriers to EMS funding.

Motion passed unanimously by show of hands.

S8486

The Legislative Subcommittee recommends that SEMSCO communicate to the Commissioner of Health support for S8486 (Hinchev) that would establish a mechanism within the Medicaid Fee Schedule to provide reimbursement to EMS agencies and telemedicine providers for treatment-in-place and transport to alternate destinations.

Motion passed unanimously by show of hands.

S6630-A6274

The Legislative Subcommittee recommends that SEMSCO communicate to the Commissioner of Health support for S6630 (Mannion) / A6274 (Barrett) that allows volunteer firefighters and ambulance workers to claim both state income and local property tax credits.

Motion passed unanimously by show of hands.

S7286-A7524

The Legislative Subcommittee recommends that SEMSCO communicate to the Commissioner of Health support for S7286 (Martinez) / A7524 (Thiele) that increases the volunteer firefighters and ambulance workers personal income tax credit from \$200 to \$800 for eligible individuals.

Motion passed unanimously by show of hands.

FINANCE COMMITTEE - Steven Kroll, Chair

- Committee met on Tuesday 2/6/24.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.
- Steven Kroll commented about funding for initiatives mentioned at various meetings including SIREN grants and training Task Force paramedics as additional CICs/CLIs. Getting Medicaid up to Medicaare levels will be pursued. He hopes to have work on budget requests ready by August.

SYSTEMS COMMITTEE - Mark Deavers, Chair

- Committee met on Tuesday 2/6/24.
- See separate report for full details of the committee meeting.

One seconded motion was presented.

Bay Community Volunteer Ambulance Corps CON Appeal

- Chair read script on Public Officers Law, Article 4, Section 74 Code of Ethics Rule with respect to conflicts of interest.
- Jerry Gelbard indicated his agency is mentioned in the recommendation and he would recuse himself.
- Robert Crupi, MD indicated his agency is mentioned in the recommendation and he would recuse himself.
- History of action and 9/26/23 Stipulation and discontinuation of (proposed) order from Queens Supreme Court signed by Hon. Joseph Esposito remanding the decision back to the ALJ and SEMSCO was read.
- Seconded motion reads “Resolved, to UPHOLD the 7/21/21 determination of the NYC Regional Emergency Medical Services Council which DENIED the Bay Community Volunteer Ambulance Corps application for the expansion of ambulance service primary operating territory.”
- Roll call vote was conducted with YES=23, NO=0 and ABSTAIN=0 (Hudson and Redlener).
- Motion passed.

Mark Deavers commented that definition of need has been an issue in the many CON appeal actions reaching SEMSCO.

Mark Philippy indicated his search of how other states handle issue resulted in nothing consistent.

Steven Dziura indicated BEMS&TS would look at how other sectors handle the determination.

SAFETY COMMITTEE - Andrew Knoell, Chair

- Committee met on Wednesday 2/6/24.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

QUALITY METRICS COMMITTEE - David Violante, Chair

- Committee met on Wednesday 2/6/24.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

INNOVATIONS & RESEARCH COMMITTEE - Michael Redlener, MD, Chair

- Committee met on Tuesday 2/6/24.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.
- Chair commented about collaboration with OMH regarding assigning EMS transportation destination codes to the new mental health crisis centers being established.

Seconded motion was presented:

- The draft letter on Boardable titled: "Draft letter to Daniel's Law Task Force" be officially sent by the SEMSCO Chair to the Daniel's Task Force for consideration in the development of the Task Force recommendations".
- Motion passed unanimously by show of hands

DIVERSITY-EQUITY-INCLUSION TAG - Jeffrey Rabrich, MD and Jared Kutzin, RN, Co-Chairs

- 450 or so responses were received to the Diversity-Equity-Inclusion survey.
- Alexander Bleau, EMS Data and Analytics Specialist is working on the data.
- Will have a report for the next SEMSCO meeting.
- Next step for TAG is looking at implicit biases and how that may affect patient care whether it's use of pain medication or other treatment protocols among different patient groups.
- Planning to work with Quality Metrics and Innovation and Research Committees to put together data on where we may be falling short in our pre-hospital care delivery.

EMS FOR CHILDREN ADVISORY COMMITTEE - Arthur Cooper, MD, Chair and Amy Eisenhauer, Program Administrator

See separate section for compilation of reports given at SEMSCO and SEMAC meetings on Wednesday 2/7/24.

STATE TRAUMA ADVISORY COMMITTEE (STAC)

- No report.
- Hope to have a STAC member soon.

OLD BUSINESS

Al Kim made a motion to take the Ossining VAC and Scarsdale VAC determinations of need appeals off the table. Motion was seconded by Mickey Forness. Motion passed with 1 abstention (Lewis).

Mark Deavers asked if anyone needs to declare a conflict. Al Lewis indicated there is a perception that he is conflicted and said he would leave the room.

Scarsdale Volunteer Ambulance Corps Determination of Need Appeal

- Motion was posted on the viewing screen and read aloud: “Resolved to uphold the February, 2023 determination of the Westchester Regional Emergency Medical Services Council which approved the Scarsdale Volunteer Ambulance Corps application for the expansion of their primary operating territory”.
- Roll call vote was conducted with YES=14 (Clark, Crupi, DuVall, Gill, Hudson, Isaacs, Kim, Masterton, McEvoy, Rabrich, Redlener, Simpson, Christopher Smith and Violante), NO=10 (Deavers, Forness, Haag, Kroll, Knoell, Kutzin, McGown, Philippy, Portoro and Chad Smith) and ABSTAIN=0.
- A recess was called to consult a definition.
- Chair announced the motion passed.

It was explained that for a quorum we have to count all the member seats that are available to do a vote while for a vote we take the majority of the voters present. Yedidyah Langsam, Parliamentarian indicated this violates NYS General Construction law and losing party can challenge the action.

Ossining Volunteer Ambulance Corps Determination of Need Appeal

- Motion was posted on the viewing screen and read aloud: “Resolved to uphold the February, 2023 determination of the Westchester Regional Emergency Medical Services Council which approved the Ossining Volunteer Ambulance Corps application for the expansion of their primary operating territory”.
- Roll call vote was conducted with YES=16 (Clark, Crupi, DuVall, Gandolfo, Gill, Hudson, Isaacs, Kim, Masterton, McEvoy, Portoro, Rabrich, Redlener, Simpson, Christopher Smith and Violante), NO=9 (Deavers, Forness, Haag, Kroll, Knoell, Kutzin, McGown, Philippy and Chad Smith) and ABSTAIN=0.
- Chair announced the motion passed.

NEW BUSINESS

RURAL AMBULANCES SERVICES TASK FORCE

Michael Benenati, Vice Chair advised:

- Group continues to meet.
- Have held 1 in-person town hall in Troy in December and 4 on-line sessions at various times to make them accessible to those interested.
- Working with the writer and hope to have a complete report by 4/1/24.
- Have been involved with development of effective rural EMS solutions.
- There appears to be positive momentum with elected officials.

CREDENTIALLING OF EMS PROVIDERS

Michael McEvoy advised:

- Paul Barbara, MD is Chair of group working on standards.
- Had been meeting weekly but now every other week.
- Conducting survey of Regional Program Agencies as to what each REMSCO is currently doing for credentialing.
- Identified 4 to 6 Policy Statements that cover credentialing and will be working to sort out conflicts in them and reduce the number.
- Issue is somewhat contentious.

PERFORMANCE STANDARDS FOR EMS AGENCIES

Michael McEvoy advised:

- Mark Philippy is heading a group handling the performance standards.
- 4 SEMSCO committees suggested 11 performance standards covering EMS agencies, Regional Program Agencies, REMSCOs, emergency departments and 911 centers in NYS. The 11 standards are posted on Boardable.
- Group has suggested consideration of following:
 1. EMS agencies to report to BEMS&TS and local REMSCO total staffing for the prior month by the 15th of each month and each agency would report total requests for service for the prior month by the 15th of each month. (Systems Committee)
 2. Each service would report an annual educational plan for their agency. (Education & Training Committee)
 3. Each agency to develop a safety committee that would track and trend safety issues primarily injuries and crashes that occur. (Safety Committee)
 4. Each agency would select 3 or more SEMSCO approved quality metrics and implement those in their agency and report by the 15th of each month. (Quality Metrics Committee)
- Chair suggested that 2 be selected and at next SEMSCO meeting refine them and how they are written. The selected should be workable for an agency with 5 or 5,000 members. The Systems and Quality Metrics ones were suggested to open discussions.
- There was a comment that there will be kickback and there is need to be slow and gentle.
- Mark Philippy commented we have opportunity to move towards accountability, response time is not a good metric of how well EMS does but the above measures would give a good idea on our effectiveness. Consider what is measurable, attainable, replicable and timely.

- Ryan Greenberg advised once selected by group they will go through regular regulatory process with DOH review, public comment period, final SEMSCO approval, etc.
- Mark Deavers made a motion, seconded by Michael Redlener, MD to select the Systems and Quality Metrics measures to start with. Motion passed with no opposition.
- Donald Hudson commented on need to prepare for agency resistance to providing data.

BY-LAWS

- Elizabeth McGown commented that given the confusion just encountered she would like to make a motion to “change the SEMSCO by-laws to be line with Open Meetings Law Section 102 which defines a quorum as a majority of the total membership of a public body, notwithstanding absences or vacancies. And for a motion or action there must be an affirmative vote of a majority of the total membership of the members present”. Donald DuVall seconded the motion.
- Carl Gondolfo read off sections from a proposed draft copy on Boardable that addressed voting.
- Michael McEvoy advised there is a by-laws group and the change process needs to be followed. DLA has submitted comments on the draft and there is also a model or template for state councils.
- Yedidyah Langsam, Parliamentarian commented about by-law changes being in process for 3 years.
- There were questions about what is most current set of by-laws: 3/27/02, 12/12/07 or 12/24/14? Steven Dziura advised 12/12/07 is most current.
- It was decided that the proposed change needs to be read at subsequent meetings before it comes to a vote.

Meeting adjourned at 4:53 PM.

**STATE EMERGENCY MEDICAL ADVISORY COMMITTEE
(SEMAC)**

Wednesday 2/7/24, 11:28 AM to 1:04 PM

Meeting Duration: 1 Hour 36 Minutes



Donald Doynow, MD, Chair

Meeting was called to order by the Chair at 11:28 AM.

Roll call of members was conducted:

Committee Members

Joseph Bart, MD - Absent

Jonathan Berkowitz, MD

Cherisse Berry, MD - Absent

Tiffany Bombard, MD

Arthur Copper, MD

Jeremy Cushman, MD

Michael Dailey, MD

Donald Doynow, MD

Stephen Gomez, MD - Absent

Douglas Isaacs, MD

David Kugler, MD

Joshua Lynch, MD - Absent

David Markowitz, MD

Matthew Maynard, MD - Absent

Pamela Murphy, MD

Daniel Olsson, DO

Jeffrey Rabrich, DO

Matthew Talbot, MD - Absent

Brian Walters, DO

Robert Wicelinski, MD - Absent

Jason Winslow, MD

Non-voting members:

Oren Barzilay - Absent

Aidan O'Connor

Mark Philippy

Maryanne Portoro, RN

Michael McEvoy, PhD, RN

Steven Kroll

Jonathan Washko

Quorum is present.



CHAIR'S OPENING COMMENTS:

- We will have a psychiatrist member shortly that is being vetted.
- There are 3 surgeons who are interested in STAC appointment to SEMAC.
- Lewis Marshall, MD was recognized for his 25 years on the Protocol / Medical Standards Sub-Committee and his leadership as its chairperson from 2006 through 2023. Dr. Marshall recounted some of his involvement in EMS:
 - 1992 - Became an instructor at the FDNY EMS Academy.
 - 1997 - Became a Medical Director for FDNY.
 - 2000 - Joined NYC REMAC.
 - 2003 - Joined SEMAC.
 - 2006 - During a meeting left room to get coffee and on return learned was appointed Chair of Protocol / Medical Standards Subcommittee.
 - Commented that we have seen progress in reducing 18 separate regional protocols to the present where we are essentially there with one statewide protocol. We are seeing EMS become more integrated into the whole healthcare system.
- Jeffrey Rabrich, DO was welcomed as the new Chair of the Protocol-Medical Standards Sub-Committee.
- State Medical Director job description is still in progress.
- Al Lewis was called up to speak on EMS as an Essential Service. He indicated he hopes to see something passed by legislature by end of this session. NYSVARA, UNYAN, NYSAC and others support this. Devil is in the details. There is real concern as to who's paying for what and how its going to be administered.

Motion was made, seconded and passed to approve the minutes for the 9/13/23 meeting.

BUREAU OF EMS & TRAUMA SYSTEMS REPORT - Ryan Greenberg, Director

See separate section for compilation of reports given at SEMSCO, SEMAC, committee/subcommittee meetings on Tuesday 2/6/24 and Wednesday 2/7/24.

PROTOCOL-MEDICAL STANDARDS SUB-COMMITTEE - Jeffrey Rabrich, DO, Chair

See separate section for detailed information on the sub-committee's meeting earlier in the day on 2/7/24.

SECONDED MOTIONS WERE PRESENTED TO SEMAC:

1 - Collaborative ALS Protocols Update

Includes the Alternative Medication Formulary and Hospice Care Protocols. Wording shown on viewing screen was "Motion to approve the ALS collaborative protocols implemented no later than 7/1/24". There was no discussion. Roll call vote was conducted and motion passed with YES=14, NO=0 and ABSTAIN=0.

2 - NYC Protocol Changes

Includes 3 sections: Anaphylaxis updated as to what it constitutes and addition of ipratropium to albuterol for wheezing; Emergency childbirth involving moving nucla cord consideration to CFR level and vaccine administration. Michael Dailey, MD commented briefly on the childbirth change and curriculum and scope for CFRs. Douglas Isaacs, MD

commented on FDNY providing awareness and education on care of the condition until more advanced EMS levels arrive. Ryan Greenberg advised that legal is looking at the vaccine administration change and how can it occur and can it occur. Wording posted on viewing screen was "Motion to approve the NYC Protocols". Roll call vote was taken and motion passed with YES=13, NO=1 (Olsson) and ABSTAIN=0.

3 - BLS Protocol Update

Wording posted on viewing screen was "Motion to approve the BLS Protocols implemented no later than 7/1/24". There was no discussion. Roll call vote was conducted and motion passed with YES=14, NO=0 and ABSTAIN=0.

4. EMT-CC Sunset

Wording posted on the viewing screen indicated "Motion to reaffirm the action from the December SEMSCO meeting related to the planned sunset of th EMT-CC level of care." and "Motion to support the suggestion of the Education and Training Committee". The plan developed by Education and Training was also posted on the screen and read. No one initiated any discussion. Roll call vote was taken and motion passed with YES=12, NO=2 (Bombard and Markowitz) and ABSTAIN=0.

5. Antibiotic Protocol

Issue comes from a Community Paramedicine program in Westchester County. Wording posted on the viewing screen indicated "SEMAC believes that the administration of medications using a route within the practioner's scope of practice is within the parameters of a community paramedicine program and may be administered with direct medical oversight and a patient specific order for such medication". Jeremy Cushman, MD indicated he would be speaking against motion as it is premature since we have not flushed out what the details and framework are of the administration of the programs and also, conversations need to happen in a working group on Community Paramedicine. Several others commented against the motion while Jonathan Berkowitz, MD spoke in favor. Steven Dziura commented that Article 30, Section 3018 is new and it is not clear now that SEMAC has authority over Community Paramedicine. although he thinks it should and CP programs currently in existence can continue to operate in the things they did under Executive Order #4 until new regulations are promulgated. Ryan Greenberg spoke confirming current limits of SEMAC's responsibilities over new Community Paramedicine initiatives. Roll call vote was taken with YES=3 (Berkowitz, Bombard and Kugler), NO=11 and ABSTAIN=0. Motion failed to pass.

SCARSDALE VAC PILOT PROJECT INVOLVING ANTIBIOTICS

Jonathan Berkowitz, MD described project as a telehealth physician encounter outside of a patient specific order. Visits would be unscheduled, low acuity and involve the administration of antibiotics. It has been approved by Westchester REMAC. Berkowitz made a motion to approve the pilot program he described so Scarsdale VAC can use antibiotics. Motion was eventually seconded.

It was acknowledged that a full plan with details has not been submitted to SEMAC. Steven Dziura advised DOH DLA would review legalities including question of CP vs EMS before Commissioner takes action. Comment that redosing would put this into CP area and reply that after 1 time dose patient would be handed off to another team for continuation. Coverage under assisted medication protocol was questioned.

Roll call vote was taken with YES=3 (Berkowitz, Isaacs and Kugler), NO=11 and ABSTAIN=0. Motion failed to pass.

EDUCATION & TRAINING COMMITTEE - Donald Hudson, EMT-P, Chair

- Committee met on Tuesday 2/6/24.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

EMS FOR CHILDREN ADVISORY COMMITTEE - Arthur Cooper, MD, Chair and Amy Eisenhauer, Program Administrator

See separate section for compilation of reports given at SEMSCO and SEMAC meetings on Wednesday 2/7/24.

OLD BUSINESS

STATE EMS MEDICAL DIRECTOR

Mark Philippy asked for update on status of NYS EMS Medical Director position. Ryan Greenberg indicated it went out as a contracted position but did not succeed in finding a successful candidate. Trying a different track and have funding for a full time medical director. Its back in civil service and moving forward.

SCHOOL NURSE APPLICATION OF STOP-THE-BLEED KITS

Michael Dailey, MD advised discussions had been ongoing with the Department of Education facilitated by John Morley, MD, who has since retired from the DOH, about application of hemostatic dressings. There have been concerns expressed with some language put forward by DOE in spite of the fact we reminded them more than once that hemostatic dressings are not a drug but an FDA determined device much like a tampon. School nurses feel their licenses may be in jeopardy because of statements by the Board of Nursing. Perhaps Douglas Fish, MD who is now overseeing SEMSCO for the DOH can resurrect contacts with DOE. Hopefully, this will come to resolution.

CREDENTIALLING

Jason Winslow, MD advised the SEMSCO and SEMAC credentialling workgroup led by Michael McEvoy and Paul Barbera, MD has been meeting virtually through the Boardable app. It is currently reviewing each region and what they are doing for regional credentialling as well as reviewing 4 Policy Statements 11-03 Providing Medical Direction, 14-01 EMS Provider Restriction Guidance, 11-05 Medical Control and Oversight and 05-03 Air Medical Credentialling.

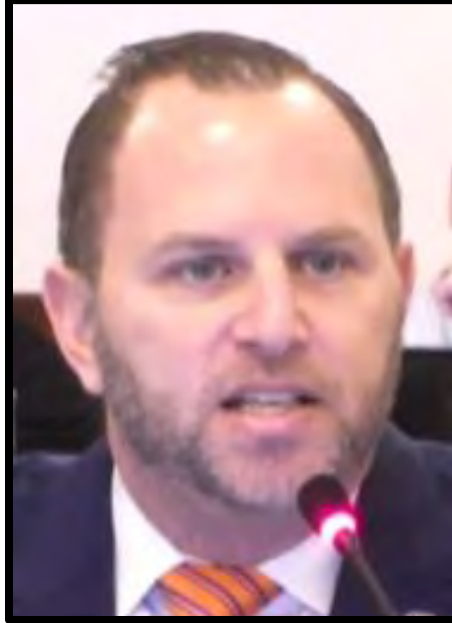
NEW BUSINESS

DATA COLLECTION - IGEL PILOT PROJECT EXPERIENCE

Michael Dailey, MD commented that for the iGel pilot we have 239 insertions but good data on only 117. Which is kind of grotesque. There are challenges working with 17 different ePCR documentation platforms. As we are establishing official EMS data we need to make sure pilot projects include a documentation section, validation process, systems for auditing and recognize this will be a continual weak spot for us. We need to make sure data integration efforts with other groups move forward.

Meeting adjourned at 1:04 PM.

BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SERVICES (BEMS&TS) STAFF REPORT



Ryan Greenberg, Director

This is a compilation of comments and information provided at the various committee meetings on Tuesday 2/6/24 and the SEMAC and SEMSCO meetings on Wednesday 2/7/24.

Ryan Greenberg advised:

- Prior to full service inspections an agency self-assessment is requested to be completed to find out a little bit more information about an agency. District Chiefs can use the information to provide some additional feedback to agencies on best practices.
- At Quality Metrics Committee there was discussion about coming up with flyer for District Chiefs for talking points and to give to agencies at end of inspections to direct them to Quality Metrics web page. Agencies are looking to do better but don't know where to find the information.
- Contracts, invoices and payments continue to be processed. Funds are often underspent and we are trying to work on that by talking with Program Agencies about other initiatives and other ways funding can be used that maybe isn't being used at this time. Aid to Localities spending was definitely affected by COVID.
- There are [5 EMS Education Pilot Programs](#): EMT Academy Style Courses, Community Internship Program, BLS Intro to Paramedicine Program, Leadership Development Program and Recruitment & Retention EMT Course Funding Opportunity. Some are not being used and if there is not more engagement could be shut down. For the academy style classes there has been the suggestion to do 1 or 2 initiatives a year, advertise the program and set clear beginning and ending dates and this may generate interest. When first offered we had 650 spots with 400 for the military and 250 for civilians and a waiting list to get in. Leadership Program is being pushed throughout the state with BEMS&TS staff facilitating courses.
- CME recertification and reciprocity processing backlogs have come down substantially. Additional support staff was added and reciprocity processing time

has come down from over 90 days to 2 to 3 weeks. Processing times are posted on the BEMS&TS web page and updated at least once a month.

- Portals have been established for electronically receiving just about all applications and other information. We have improved the process by now providing submitters an e-mail acknowledgement with a submission number and advice to take the e-mail address off any SPAM list in case additional there is a problem and additional information is needed. Ensure required information is submitted - like you can't upload a National Registry card 6 times and have it count for ACLS, PALS etc. cards - a real example.
- NEMSIS 3.5 standard is out and any ePCR software platform can move to the new standard starting Tuesday 2/13/24. The deadline for switchover is 7/1/24. After that, EMS agencies would be subject to enforcement action - the requirement to properly submit ePCR information is not with the software vendor but with the EMS agency. Patient care data needs to get to the hospital. In the new requirements, 900 rules concerning data entry have been reduced to about 350 to ease the burden on EMS providers trying to complete and enter their patient charts.
- State Trauma Advisory Committee (STAC) met last week. There are over 50 Trauma Centers in the state. Seeing more level 3 Trauma Centers in different regions.
- EMS For Children (EMSC) Always Ready For Children (ARC) Emergency Department program on pediatric readiness is moving forward. 7 hospitals are in the program and an 8th will be coming soon. National EMSC survey will be going out in May. Next EMSC Advisory Council meeting is 5/6/24 at the Hilton Garden Inn, Troy, NY.
- Vital Signs Conference will be held in Rochester from 10/16/24 through 10/20/24. There will be a new track on Special Operations & Rescue.
- EMS Memorial Service will be held Wednesday 5/22/24 on the Empire State Plaza in Albany. There are 8 honorees this year. The new memorial will be unveiled - it has a central section with a smaller tree and 2 "wings" with engraved names from which a tracing can be done. There may be some upgrades in the next year or two.
- Blood regulations are moving forward. There is a group working on the legal part of that. Public comment period would come next and then to SEMSCO for final approval.
- Community Paramedicine Advisory Group is being developed to work on draft regulations related to community paramedicine issues.
- County Assistance Grant program is moving forward. \$5,000,000 was allocated for up to 10 counties to receive \$500,000 each to help support EMS development in the counties.
- Office of Addiction Services and Supports (OASAS) grant program has been supporting BEMS&TS efforts the last few years. Jennifer Salomon, EMS Training Specialist has been traveling around the state presenting [**Mental Health and Substance Use Disorder Considerations for EMS Providers**](#) to hundreds of providers. The grant will sunset in March but will still be available on-line.
- Education Regulation proposed changes have been out for a public comment period that recently closed. Comments have to be reviewed and responded to. If there are no substantive changes to the proposals the regulations could go to SEMSCO for final approval at the May meetings.
- Equipment Regulation proposed changes continue to go through the regulatory approval process and have not yet gone out for public comment.

- Rural Ambulance Service Task Force continues to meet and the goal is to have a “white paper” report out by 4/1/24. There are a number of suggestions for the legislative bodies to consider.
- Part V of the Governor’s 2025 fiscal year Executive Budget has a lot of things related to EMS. BEMS&TS will be doing a number of information sessions for SEMSCO, REMSCOs, REMACs and the EMS community as a whole. There will also be some two-pagers coming with information.
- Proposed State EMS Task Force would be a public-private partnership. It’s is a secondary response resource and not a primary resource. The state would be divided into 5 zones to enable resources to be sent from unaffected areas to an area affected by a disaster or other significant event. Zones are not the same as the districts proposed last year. Each zone would cover 2 of NYS’s economic development areas. Each zone would supply up to 5 ALS, 5 BLS and 2 critical care/specialty ambulances in time of need. Each zone would also have an MCI ambulance bus. If not needed by the task force the vehicles would be used by the owning agencies in their routine work. Contracted agencies would be paid for readiness and also for activation and deployment. Specialty equipment will also be purchased. Over the next 12 to 24 months there is also a plan to hire 80 paramedics as full time NYS employees for the task force with 80 more personnel trained over the next 2 years as paramedics to backfill the positions they came from at other EMS organizations. After a large snow event in Buffalo last year it took 6 days to get resources there and we hope to cut that to 6 hours.
- Surge & Operations Center has been in operation since COVID under Deputy Director Steven Dziura managing hospital diversions and load balancing. Patients are being transported further and further away. Transports involving long distances and extended time are a concern of the Rural Ambulance Services Task Force. Contracted EMS resources have been suggested to relieve the burden on local resources.
- Two 1 pagers have been created on the mission and organization of the NYS EMS Task Force and are available for public distribution.
- Part V of the Governor’s Executive Budget will be the subject of a series of briefings. SEMSCO was briefed on Friday. Presentations will also be given to REMSCOs, Program Agencies and Associations. It will be covered at the next call for EMS agency leadership which has been extended to 90 minutes to get everything in.
- Dr. Lewis Marshall was recognized and thanked for his wisdom, guidance and professionalism over the last 25 years as a member of SEMAC and since 2006 as Chair of the Medical Standards-Protocol Sub-Committee.
- Mark Philippy was recognized as immediate past Chair of SEMSCO and thanked for his passion, dedication and leadership.

NEW YORK STATE EMERGENCY MEDICAL SERVICES TASK FORCE

ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5
LONG ISLAND REGION NEW YORK CITY REGION	MID-HUDSON REGION CAPITAL DISTRICT REGION	MOHAWK VALLEY REGION NORTH COUNTRY REGION	CENTRAL NEW YORK REGION SOUTHERN TIER REGION	FINGER LAKES REGION WESTERN NEW YORK REGION

STATE EMS TASK FORCE MISSION

The New York State EMS Task Force is dedicated to supporting and strengthening the emergency medical services system throughout New York State. Our mission is to provide additional resources and expertise to local communities and EMS agencies, ensuring that every region of the state has access to exceptional emergency care when faced with workforce shortages or extraordinary events.

The State EMS Task Force aims to be a collaborative and strategic extension to the existing EMS infrastructure, designed to enhance statewide emergency response capabilities while upholding the highest standards of care and readiness for all New Yorkers.

BUREAU OF EMS EMERGENCY MANAGEMENT ORGANIZATION

OPERATIONS	PLANNING & INTELLIGENCE	LOGISTICS
Health System Specialist 4 (EMC) 1	Health System Specialist 4 (EMC) 1	Health System Specialist 4 (EMC) 1
Health System Specialist 3 (EMC) 5	Health System Specialist 3 (EMC) 1	Health System Specialist 3 (EMC) 1
Health System Specialist 1 (EMC) 4	Health System Specialist 1 (EMC) 4	Health System Specialist 1 (EMC) 2
EMT Paramedic 80	EMT Paramedic 12	Radio Engineer 1
		IT Specialist 3 1
		IT Specialist 2 3
		IT Assistant 4
		Disaster Preparedness Prog Rep 2 2

SPECIALIZED EMS RESPONSE EQUIPMENT AND TEAMS


PARAMEDIC RESPONSE UNITS (10)	GROUND AMBULANCE STRIKE TEAMS (10)	CRITICAL CARE AMBULANCE STRIKE TEAMS (2)
		
SPECIAL PATHOGEN TRANSPORT UNITS (5)	ALTERNATIVE SUPPORT AMBULANCE UNITS (10)	MULTI-PATIENT TRANSPORT AMBULANCE BUSES (5)
		

NEW YORK STATE EMERGENCY MEDICAL SERVICES TASK FORCE

ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5
LONG ISLAND REGION NEW YORK CITY REGION	MID-HUDSON REGION CAPITAL DISTRICT REGION	MOHAWK VALLEY REGION NORTH COUNTRY REGION	CENTRAL NEW YORK REGION SOUTHERN TIER REGION	FINGER LAKES REGION WESTERN NEW YORK REGION

CENTRALLY COORDINATED

The State Medical Operations Coordination Cell (SMOCC) plays a pivotal role in coordination for the New York State Emergency Medical Services Task Force. This entity is responsible for maintaining situational awareness of the emergency healthcare system and for the strategic orchestration of Task Force resources and personnel across the state, ensuring an efficient and effective response to a wide array of emergencies.



The SMOCC facilitates communication, resource allocation, and operational guidance, working tirelessly to streamline emergency medical responses and improve outcomes for communities across New York State. This central coordination is crucial for managing large-scale incidents and complex emergency situations.

SCALABLE AND FLEXIBLE


The New York State Emergency Medical Services Task Force exemplifies a model of scalability and flexibility, adhering to the National Incident Management System (NIMS) guidelines. This adherence ensures a standardized approach to incident management and response, regardless of the size or type of incident.

The task force's structure allows for rapid adjustment of resources and strategies, making it adept at handling a diverse range of emergency situations. This scalable and flexible approach, in compliance with NIMS, enables the task force to maintain efficiency and effectiveness in emergency responses across New York State.

PUBLIC-PRIVATE PARTNERSHIP

The New York State Emergency Medical Services Task Force will enhance its rapid response capabilities through public-private partnerships, focusing on contracts with existing ambulance services. This innovative approach will facilitate the mobilization of up to 60 ambulances across the state within 12 hours in the event of an emergency or disaster.

These partnerships exemplify a collaborative effort between the state and private entities, ensuring a swift, coordinated, and robust emergency response, thereby significantly bolstering the state's readiness and capacity to handle large-scale emergencies efficiently.



FY24-25 EXECUTIVE BUDGET

ARTICLE VII - HHM PART V: MODERNIZING EMS

This year, Governor Hochul advanced legislation to make EMS an essential service to ensure that emergency medical service providers are required to respond to emergencies.

In addition, Governor Hochul built upon the progress made in last year's budget by directing the newly established EMS statewide taskforce to create five "EMS zones." Each zone will maintain its own EMS workforce to augment local EMS agencies where the workforce is insufficient and can be deployed to respond to emergencies statewide.

Finally, Governor Hochul will establish a first-in-the-nation Paramedic Telemedicine Urgent Care program, which will use paramedics in rural areas and a healthcare provider via telemedicine to deliver low-acuity emergency services in a fixed location to decrease demands on the EMS system and reduce unnecessary ER visits.

DEFINING EMERGENCY MEDICAL SERVICES

AMENDS §3001 OF PUBLIC HEALTH LAW

Background: In the 1970s, the definition of Emergency Medical Services (EMS) in New York State was established. Since its inception, the capabilities and day-to-day responsibilities of EMS providers and agencies have evolved significantly. This update aims to align the definition of EMS with the current skillset and the services being delivered by EMS providers and agencies throughout the state.

Redefining EMS: Expands the definition of "Emergency Medical Service" to beyond just "initial medical assistance" and recognizes the diverse needs and scenarios in which these services operate including non-emergency and specialty care services, education programs, and mass casualty management.

COMMUNITY PARAMEDICINE

AMENDS §3018 OF PUBLIC HEALTH LAW

Background: In 2023, legislation was enacted to establish a Community Paramedicine Pilot program. This pilot program granted 55 EMS agencies from various regions of the state the opportunity to continue their community paramedicine initiatives, following the same guidelines as they were initially approved for in May 2023. While this legislation has enabled existing Community Paramedicine programs to operate, it has also imposed limitations on the capabilities of current programs and has not permitted the acceptance of new applications for additional EMS agencies to participate in the pilot program.

Extended Community Paramedicine Demonstration Program: Reopens the application period, establishes new programs or modifies existing programs, and extends the Community Paramedicine Demonstration Program for seven more years to further evaluate the impact of the program.

Immunization Delivery: Allows licensed physicians and nurse practitioners to prescribe non-patient specific regimens for immunizations provided by EMS practitioners.

DEMONSTRATION PROJECTS

AMENDS §3019 OF PUBLIC HEALTH LAW

Background: Healthcare is advancing and it is important to look at new ways to get the right care to the right patient at the right time. Currently there is limited opportunity for EMS to work with other healthcare facilities to advance innovation, use community resources and to coordinate positive patient outcome projects.

EMS Innovation Support: Authorizes funding and regulatory waivers for innovative EMS projects to improve healthcare access, outcomes, and cost-effectiveness.

Flexibility in Healthcare Delivery: Encourages collaboration between EMS practitioners and healthcare organizations.



DESIGNATING EMS AS AN ESSENTIAL SERVICE

AMENDS PUBLIC HEALTH LAW BY ADDING NEW ARTICLE 30-D

Background: For a considerable time, EMS has been diligently working towards ensuring that every resident and visitor in New York receives the necessary pre-hospital care when it's required. Currently, EMS is not classified as essential, and there is no specific government entity responsible for guaranteeing universal access to EMS care. This proposed change to designate EMS as an essential service aims to establish a comprehensive EMS response plan throughout all regions of New York State. It will also designate a primary EMS provider to ensure that everyone can access an ambulance promptly when in need.

EMS as Essential Service: Designates Emergency Medical Services and Emergency Medical Dispatch as essential services in New York State.

Standardized Emergency Response: Mandates a standardized system for medical emergency response and dispatch across all counties.

County Responsibilities: Requires counties to develop comprehensive medical emergency response plans and designate primary emergency response agencies.

Municipal Ambulance Service Certification: Facilitates easier establishment of municipal ambulance services meeting state standards.

Establishment of Special Districts: Allows counties to create special districts for financing and operating emergency medical services through direct provision of service or through agreements established with existing services. Exempts these special districts from the tax cap for 5 years.

AMENDS PUBLIC HEALTH LAW TO ADD NEW §3055

Background: EMS is currently facing a severe staffing crisis, prompting a comprehensive evaluation of the challenges surrounding the recruitment of new EMS providers and the retention of experienced ones in New York State. This proposed legislative change introduces a crucial step in acknowledging EMS providers as licensed professionals, enhancing the industry's image and professionalism. Furthermore, it introduces EMS Provider Credentialing to establish clear career pathways and retention incentives, aimed at encouraging individuals to remain in the EMS profession for their entire careers.

EMS Practitioner Licensing and Credentialing: Introduces provisions for the licensure and specialized credentialing of EMS practitioners, including emergency medical technicians and advanced emergency medical technicians, to elevate the professional status, increase public trust, open opportunities for professional growth and advancement, and potentially increase compensation through recognition of the skills and expertise of these emergency medical services professionals.

PARAMEDIC URGENT CARE PROGRAM

AMENDS PUBLIC HEALTH LAW BY ADDING NEW §3029

Background: Rural counties in New York State encounter significant hurdles in securing access to high-quality and dependable emergent medical care. Operating an Urgent Care facility in communities with potentially low patient volumes can be financially challenging. To address this issue, this program proposes a solution whereby a Paramedic in a rural area can assess a patient in a Paramedic Urgent Care facility and then utilize technology and telemedicine to connect the patient with a healthcare provider remotely. This innovative approach aims to alleviate the burden on rural community members who would otherwise need to travel long distances for healthcare services and can also contribute to a reduction in unnecessary emergency room visits.

Paramedic Urgent Care in Rural Areas: Initiates a program to assess EMS roles in rural healthcare delivery.

Telemedicine Integration: Approves telemedicine as a part of paramedic urgent care, enhancing rural healthcare access.

Access: Rural residents have issues accessing low acuity, non routine medical care.

Distance: Rural EMS services have challenges driving long distances taking EMS services out of the communities for hours at a time for low acuity care.



PROTOCOL / MEDICAL STANDARDS SUBCOMMITTEE

Wednesday 2/7/24, 8:02 AM to 9:45 AM

Meeting Duration: 1 Hour 47 Minutes



Jeffrey Rabrich, DO, Chair

Meeting was called to order by Jeffrey Rabrich, DO, Chair.

Lewis Marshall, MD was recognized for his 25 years on the Protocol / Medical Standards Sub-Committee and his leadership as its chairperson from 2006 through 2023. Dr. Marshall recounted some of his involvement in EMS:

1992 - Became an instructor at the FDNY EMS Academy.

1997 - Became a Medical Director for FDNY.

2000 - Joined NYC REMAC.

2003 - Joined SEMAC.

2006 - During a meeting left room to get coffee and on return learned was appointed Chair of Protocol / Medical Standards Subcommittee.

Commented that we have seen progress in reducing 18 separate regional protocols to the present where we are essentially there with one statewide protocol.

In lieu of a roll call an attendance sheet was passed around to record committee members' presence.

Committee Members (unofficial list based on observation of this and prior meetings)

Joseph Bart, DO

Tiffany Bombard, MD

Arthur Cooper, MD

Jeremy Cushman, MD

Michael Dailey, MD

Donald Doynow, MD

Donald DuVall

Michelle Forness, RN

Donald Hudson, EMT-P

Douglas Isaacs, MD

David Kugler, MD

Jared Kutzin, DNP

Yedidyah Langsam,

Joshua Lynch, MD

Lewis Marshall, MD

Pamela Murphy, MD

Daniel Olsson, MD

Jeffrey Rabrich, MD

Matthew Talbot, MD

Brian Walters, MD

Jason Winslow, MD

OLD BUSINESS

BLS IGEL SUPRAGLOTTIC AIRWAY PILOT PROJECT

Pamela Murphy, MD and David Violante gave an update on the pilot project which is being coordinated by Hudson Valley REMAC.

- Data from a few weeks ago: 164 insertions, 131 data made it to state bridge & 102 met documentation standards and could be counted.
- Data from last week: 239 insertions, 177 data made it to state bridge & met documentation standards
- Age: 71 was median age of patients.
- Sex: 66% male. Males are twice as likely to go into cardiac arrest and have iGel inserted.
- IGel size: #4
- Median attempts = 1. Max = 2.
- No complications in 92% of cases. Otherwise, vomiting and nausea were usual complications at 5%. Apnea: 2%. Other:1%
- 33% of patients improved and 65% unchanged. Not recorded was 2%.
- 7 minutes from at-patient to insertion.
- 23 minutes to patient transport begun with transport/transfer of care at 11 minutes. Median patient care time was 31 minutes.
- Initial end tidal was 19 and highest was 28.
- 19% of patients expired in the emergency department. 1% ongoing resuscitation in ED. 13% had ROSC in the ED. 45% expired in the field. 11% ROSC in the field. 11% not recorded.
- Mid State had 13 insertions, CNY had 21, MLREMS had 20, Nassau had 8 and lower numbers for others.

There was concern expressed about the number of uses vs the number where complete was available. There are 17 different ePCR software platforms that agencies use and not all pass on collect and pass on data in the same way. Besides transmission errors, some providers documented in the narrative while others used the drop down. E-mailing printouts of ePCRs, Drupal forms and other workarounds are also done to get full data. Can't separate out EMT vs EMT-P. Ryan Greenberg indicated BEMS&TS would put a trigger in Biospatial anytime iGel is used.

Comment made about what is the projected end date of the pilot - should not stop till we get good data - we want this to be successful. Question about national Scope of Practice of EMTs - been in touch with ESO since the start, correlating NYS data to national data.

ALTERNATIVE MEDICATION FORMULARY

- Jeremy Cushman, MD advised the alternative formulary was discussed with working groups to be complimentary to the policy developed.
- Jeremy Cushman, MD made a motion which was seconded to approve the formulary. Motion passed with no opposition.

HOSPICE CARE PROTOCOL

- Brief explanation was given concerning its relationship to other protocols. Comment was made that it is more educational than most protocols.

- Jeremy Cushman, MD made a motion which was seconded to approve the formulary. Motion passed with no opposition.

NEW BUSINESS

COLLABORATIVE ALS PROTOCOLS

- They are nearly identical to those approved in September 2023. Some grammatical corrections were made.
- Ryan Greenberg commented that a Change Log is associated with it and one will be included with any future protocol updates.
- Antibiotics added for open fractures.
- Waveform capnography as soon as practical.
- Effective date is 7/1/24.
- Motion to approve changes was made, seconded and passed without opposition.

NYC PROTOCOL CHANGES

There are 3 sections being changed:

1. Anaphylaxis
2. Emergency Childbirth - CFR companies encounter this situation.
3. Vaccine Administration

Motion to approve changes was made, seconded and passed without opposition.

BLS PROTOCOLS

- Protocol update is nearly identical to that presented in September 2023.
- Motion to approve changes was made, seconded and passed without opposition.

ANTIBIOTIC PROTOCOL

- Jonathan Berkowitz, MD presented information that this focuses on situation where a patient has a prescription from a physician for a specific medication and how Community Paramedicine providers handle the situation.
- Comment that protocol could be utilized by both Community Paramedicine and 911 providers.
- Comment about protocol covering a patient specific intervention.
- Comment made about legislation now evolving. There were other comments about this covering long term care and not 911 related and this is too soon to be deciding on.
- Comment about possible Education Department concern where this falls under the Nursing Scope of Practice.
- Comment about avoiding over regulation, strong medical oversight and need to let Community Paramedicine programs grow.
- Arthur Cooper, MD commented about scope of education matching what is being asked. Understanding of indications, contraindications and side effects is critically important. Need to tread carefully.
- Comments that a work group may be needed, protocol already exists for assisting patients with medication, need for local REMAC awareness of what is going on.

- Jeremy Cushman, MD made a motion which was seconded that “SEMASC believes that the administration of medications using a route within a practitioner’s Scope of Practice is within the practice parameters of a Community Paramedic program and may be administered with direct medical oversight of medications and direct patient orders for the medications”.
- Motion passed with majority and NO=3 and ABSTAIN=1.

EMT-CC SUNSET

At the December meetings the Education and Training Committee passed on a seconded motion to SEMSCO recommending a plan for sunseting the EMT-CC level on 7/1/27. SEMSCO referred the proposal to SEMASC and the Protocol / Medical Standards Subcommittee for physician input.

Comments included:

- Plan was posted on a viewing screen and read aloud.
- In 1996 the curricula for EMT-CC level was last updated.
- Jason Winslow, MD advised in his region (Suffolk County) over the last 5 years approximately 300 took Bridge to become paramedics and there remains 130 providers at the level, most of whom are not active.
- Ryan Greenberg and Drew Chesney related some feedback concerning a survey conducted with Course Sponsors and others. There are about 500 active EMT-CCs that responded to the survey. Overall there were about 551 responses with about 47% not supporting the plan while 45.4% do and 8% were neutral. Some other statistics were mentioned.
- AEMT level provides a pseudo ALS level that could meet needs. Allegany County which is heavily dependent on EMT-CC is in process of upgrading EMT-CC, AEMT and even EMT providers to paramedic level.
- Brian Walters, DO advised his region (Southwestern REMSCO) had submitted a request to delay sunseting till 2030 due to running paramedic courses every 2 years. He personally feels now that 2027 is reasonable.
- Tiffany Bombard, MD advised there are 95 EMT-CCs in her region (Mountain Lakes) which constitutes a large percentage of their ALS providers and region’s REMASC prefers a later sunset date.
- Michael Dailey, MD commented that he is OK with 2027.

Motion was made and seconded to support the EMT-CC sunset plan. Motion passed with vote of YES=12, NO=2 and ABSTAIN=2

Meeting adjourned at 9:49 AM.

FINANCE COMMITTEE
Tuesday 2/6/24, 8:05 AM to 9:01 AM
Meeting Duration: 56 Minutes



Steven Kroll, EMT, Chair

Chair read into the record a script covering information about the Open Meeting Law, Public Officers Law, Article 4, Section 74 Code of Ethics Rule with respect to conflicts of interest and General Construction Law, Section 41 Quorum and Majority.

In lieu of a roll call an attendance sheet was passed around to record committee members' presence.

Committee Members (unofficial list based on observation of this and prior meetings)

Jeffrey Call	Gregory Gill	Sara McCartin
Marie Diglio	Donna Kahm	Mark Philippy
Mickey Forness	Steven Kroll	

CONTINUING BUSINESS

PRODUCTION STATUS REPORT on *Where Are The Emergency Responders: Update on the Workforce Shortage – 2023*

- The report is completed and is posted on Boardable for members to review.
- Professional production team at DOH will add graphics, charts and other details.
- Final report is expected to be available at the May meetings.
- Statistical data and information in the report is final and can be used in presentations now.
- NYS EMS provider numbers shrank 17.5% from 2019 to 2023.

REVIEW NYS EXECUTIVE BUDGET PROPOSAL FOR NY STATE FISCAL YEAR 2024-2025

- Part V covers EMS related items.
- Governor Hochul signed the EMS "Direct Pay" bill into law as Chapter 649 of the laws of 2023. The law takes effect on 1/1/25 and will apply to health care claims

submitted for payment after that date. There was universal support in both Assembly and Senate. It is unknown if the insurance industry will try and amend any provisions of the law.

- Medicaid reimbursement rates are substantially below Medicare reimbursements which itself does not sustain the full costs of providing transportation and pre-hospital care. Hospital groups are campaigning to increase both reimbursements. Nursing, homecare and other groups are also campaigning for increases.

REVIEW STATUS OF EDUCATION, REMSCO AND REGIONAL PROGRAM AGENCY SPENDING FOR THE CURRENT 2023-2024 STATE FISCAL YEAR (WITH BUREAU OF EMS STAFF)

- 7,000 new EMS providers are needed in the NYS system.
- Ryan Greenberg advised that we have not been spending all the funds available from monies available in the Aid to Localities \$10,300,000 budget. Training has been funded at \$6.5 million, REMSCOs at \$450,000 and Regional Program Agencies at \$3.3 million. Looks like Regional Program Agencies will be underspending this year by about \$600,000.
- In 2018, 2019 and 2020 expenditures were OK, in 2021 only 50% was expended, in 2022 \$6.5 million was spent, in 2023 \$7.5 million was spent and in 2024 it appears \$8.0 million will be spent.
- COVID and reduced EMS training [fewer new personnel and 2 extensions for existing providers] appears to have resulted in reduction in the number of vouchers submitted.
- EMS course reimbursement rates were raised for some levels last year and there has been a recommendation to increase funding for Regional Program Agencies.
- Several REMSCOs are not spending all of the \$25,000 annually available to each. Expending funds for training of REMSCO members has been suggested.
- Lack of instructors has been mentioned. Regions could fund National Association of EMS Educators (NAEMSE) instructor courses.
- Certified Instructor Coordinator (CIC) compensation should be on REMSCO agendas to increase the number of EMS courses given.
- Although funded, Academy style EMT courses are not being offered.
- Steven Kroll commented about asking for funding increases when current funding is not fully spent. BEMS&TS is open to ways to expend funds.
- Jeffrey Call commented about NIMS courses and funding.
- Comment made that some have taken NAEMSE course but have had no opportunity to teach. Course Sponsors give priority to current instructors. Instructor selection can be a popularity contest. Another commented that prospective instructors need to establish a relationship with a Course Sponsor before embarking on their training process.
- Marie Diglio commented on the funding process and that information on underspending has not been disseminated well enough. Question about SEMSCO budget recommendations reaching decision makers resulted in general answer about the DOH process.
- Mickey Forness commented that payments on vouchers submitted to DOH are up to 8 months behind, there is no set time on when payments are made and some Regional Program Agencies have had to use reserve funds to cover expenses.

Meeting adjourned at 9:01 AM.

EDUCATION AND TRAINING COMMITTEE
Tuesday 2/6/24, 9:22 AM to 10:29 AM
Meeting Duration: 1 Hour 7 Minutes



Donald Hudson, EMT-P, CIC, Chair

Meeting was called to order by Chairperson Donald Hudson at 9:22 AM.

In lieu of a roll call an attendance sheet was passed around to record committee members' presence.

Committee Members (unofficial list based on observation of this and prior meetings)

Carol Bland	Howard Huth	Jeffrey Rabrich, DO
Frank Chester	Gene Iannuzzi	Douglas Sandbrook
Matthew Clark	Doug Isaacs, MD	Justin Smith
Robert Crupi, MD	Jared Kutzin	David Simmons
Robert Como	Laura Maloney	Carla Simpson
Maia Dorsett, MD	William Masterton	David Skolnick
Donald DuVall	Sara McCartin	James Smith
Michelle Forness	Michael McEvoy	Donna Spink
Gregory Gill	Elizabeth McGown	Donald Vanoffer
Jason Haag	Richard Parrish	David Violante
Donald Hudson	Joseph Pataky	Meghan Williams

BEMS&TS EDUCATION BRANCH STAFF REPORT

Drew Chesney, Unit Chief advised:

- Up to date on most processing. Course rosters are taking 2 weeks, behind on some of the instructor actions such as end of internship processing and score reports. Renewals are at about 3 to 4 weeks which is not too bad. Have caught up with issues we had during the spring and summer.

- 2 new student assistants will be brought on to the education team over the next few weeks.
- Meeting with PSI leadership was held in January in Albany that lasted 3 to 4 hours. BEMS&TS expressed frustrations and things that we need to see change. We expect to see progress in the next 6 months or so. Have already seen a downward turn in complaints. Back in November PSI migrated from an older software system to a new one and there was a flurry of headaches and problems beyond what we ordinarily receive and that has smoothed itself out over the last several weeks. We are in direct contact with the vice president of their call center on a regular basis and are starting to see progress with that.
- Course Sponsors were sent an e-mail last week regarding a webinar next week on group scheduling of exams. That will be recorded and put on Vital Signs Academy.
- Boardable team for Regional Faculty, Course Sponsor administrators and liaisons has been established. E-mail invitations have been sent out to those people to set up their access. It will be used to share ideas, best practices, documents, networking, etc.
- Along with Kevin Lynch, Unit Chief-Education have been trying to attend regional Education & Training Committee meetings as we can. Have received invitations from the majority of the committees across the state.
- Policy Statements (2) on instructor issues are still in the approval process.

Ryan Greenberg advised:

- Processing of reciprocity applications climbed to about 3 months. A group was put together, provided training and processing has been brought down to about 3 weeks. We hope to keep it at that level.
- To expedite processing it helps to upload the documents requested. If ACLS or PALS card is needed do not upload a National Registry card 3 times. If CPR card is asked for do not upload a trauma certificate. These are actual cases.
- When something is submitted through a portal an acknowledgement with confirmation number is sent to the submitting e-mail. Check SPAM file if acknowledgement is not received.
- Let us know if there is anything we can do better.

OLD BUSINESS

EMT-CC SUNSETTING

At the December meeting the committee passed a motion to sunset the EMT-CC level and passed it on as a seconded motion to SEMSCO. The motion was referred/remanded by SEMSCO to SEMAC and its Medical Standards/Protocol Sub-Committee for physician review and input.

Survey on sunseting the EMT-CC level was distributed and several hundred comments were received. There have been questions, concerns and mixed views on the proposal. Not all feedback was good, not all was bad but all was constructive feedback.

Allegany County EMS Coordinator Bonnie VanHousen who had commented about issues with sunseting at the December meeting provided an update on what has happened in the county.

- 2017 - 95% of ALS was EMT-CC and 5% was EMT-P

- 2023 - 1st Paramedic program in the county established through the University of Pittsburgh Medical Center (UPMC) distance learning. County subsidized the cost for 9 students - 6 AEMT and/or EMT-CC and 3 EMT. Program will finish in April 2024 with 6 testing out.
- 2024 - As of January county still operates with 14 EMT-CCs as its ALS providers.
- Northwell Health was contacted and will be getting 12 of the 14 enrolled in the EMT-CC to EMT-P Bridge Program. Allegany County will subsidize these students to better its providers.
- With the Bridge Program and the Paramedic program being offered Allegany County will be able to bridge the gap of ALS providers that would be left by the sunset of the EMT-CC level.

Motion was made and seconded to reaffirm the committee's position on EMT-CC sunsetting on 7/1/27. Wording approved at the last meeting was posted on viewing screen and read aloud. Motion passed with 2 opposed.

BRIDGE PROGRAM FOR EMT-CC to EMT-P

- Edward Waldron, Northwell Health advised the program has been starting twice a year in October and April. Recent cohorts have been running under about 20 students. Have been looking to see the interest in the upcoming April cohort with consideration of cutting back to one a year. If there is more interest due to sunsetting there would be no problem adjusting for more participants. ALS practical skills testing would need help from Course Sponsors around the state. If we have the students we run more classes, if we do not have the students we run less. Jerry Sikorsky is the primary CIC for the program. In answer to a question, the first Bridge program was in February 2019.
- Comment was made that its time to move the needle. There has been plenty of time to prepare for it.
- Jeffrey Rabrich, DO commented about moving the date forward to 2025 or 2026 and its effect on the Bridge program and answer was that program could accommodate it.
- Edward Waldron advised it takes 14 months to complete the Bridge program and students are allowed 1 year to take the final exam and students need to maintain a valid EMT-CC certification till becoming EMT-Ps. With a 7/1/27 sunset the last Bridge program would start in April 2026.
- Comment made that paramedic programs can still offer advanced standing for prior EMT-CC experience to those who drop down to AEMT level on 7/1/27. This would be based on individual assessments and program requirements.
- Mickey Forness, Southwestern REMSCO commented that paramedic program in her area is run every 2 years and request had been submitted to SEMSCO to extend the sunset date to 2030.
- There was additional comments about sunsetting, paramedic programs, resurgence of interest in AEMT level, etc.

NEW BUSINESS

CALCULATOR USE DURING EMS CERTIFICATION EXAMS

- Howard Huth indicated he would like the Committee to endorse the use of calculators during paramedic exams.

- This was clarified to include both written and practical exams.
- Comment that National Registry does allow use of calculators on their exams.
- Ryan Green berg advised that testing company would be notified to turn on calculator on testing screen. Student would not bring in own calculator.
- Motion was made and seconded to allow the use of calculators on all NYS EMS certification exams. Motion passed with 1 (DuVall) opposed.

EMT-P PRACTICAL SKILLS EXAMS DURING ORIGINAL COURSES

- Howard Huth began a discussion on starting a pilot program involving accredited paramedic level course sponsorships could substitute a one day PSE for a paramedic original student in place of a portfolio with equivalent PSE testing somewhere within the course for 7/1/24 through 1/1/25.
- Discussion resulted in suggestion to open pilot and clarification that the PSEs could be done at different points in the course.
- Motion was made and seconded indicating “Effective 7/1/24 to allow any CoAEMSP accredited paramedic program to substitute in-course student skills evaluations and CoAEMSP student skills portfolios in place of a formal one or two day Practical Skills Exam for Paramedic Original students”.
- CoAEMSP is the Committee on Accreditation for the EMS Professions.
- Motion passed without opposition.

REGIONAL TRAINING PLANS

- Donald Hudson advised that in the past there were regional training plans that were more financial documents than anything else.
- A singular platform or format for all regions to report the same information will be the subject of a new TAG with equal representation of Education & Training, local REMSCOs and Regional Program Agencies. If interested in being a member of the TAG advise Donald Hudson.

STANDARD FOR CRITICAL CARE TRANSPORTS

- Donald Hudson indicated a lot of what we are doing with training reaches back to the “white paper” and moving this forward.
- Item 24 indicates “Form a joint workgroup between SEMSCO, STAC, EMS for Children Advisory Committee, the Bureau of EMS, and the DOH Division of Hospitals and Diagnostic & Treatment Centers to review interfacility critical care transportation”. The workgroup should review educational standards, response guidelines, clinical guidance, medical protocols, and equipment specifications. Unique consideration should be given to cardiology, pediatrics, trauma and stroke.
- Rather than have Education & Training Committee handle this it may be time to open this up to a broader audience for one of the peer organizations to take the lead on this. It’s in the budget for some certifications, its in legislative bills proposed and is coming.
- Comments were made that a broad certifying body should be involved, we are not preparing students for the real world outside 911 where focus is interfacility transports, ET3 is coming, etc.

DISCUSSION OF OTHER TOPICS

- Comment was made about people taking NAEMSE instructor course and then presenting themselves to a course sponsor ready to internship. Need to be more realistic.

- Comment about high schools assuming health education teachers could teach EMT class to students - how hard could it be.
- Alternative funding sources for EMS courses is still being looked at.
- Ryan Greenberg mentioned suggestion 19 in the sustainability “white paper” that indicated “Request SEMSCO to examine patient treatment modalities to assess whether procedures currently at the ALS level could be safely and reasonably moved to the BLS level. This would allow BLS agencies to more effectively treat and transport a greater number of patients when ALS care is not available”. There is a need to look at what other states are doing even if simple answer is no.
- Donald Hudson commented about feedback that courses are already too long and not fracturing established levels of care. Let’s see results of IGel project and National Scope of Practice. Check-n-Inject was a huge deal.
- Comment made that international reciprocity with Canada should be addressed.

Meeting adjourned at 10:29 AM.

LEGISLATIVE AND REGULATIONS COMMITTEE
Tuesday 2/6/24, 10:38 AM to 11:35 AM
Meeting Duration: 57 Minutes



Al Lewis, Chair

Meeting was called to order by Chairperson Al Lewis at 10:38 AM.

Chair read into the record a script covering information about the Open Meeting Law and Public Officers Law, Article 4, Section 74 Code of Ethics Rule with respect to conflicts of interest.

In lieu of a roll call an attendance sheet was passed around to record committee members' presence.

Committee Members (unofficial list based on observation of this and prior meetings)

Thomas Coyle	Teresa Hamilton	Elizabeth McGown
Marie Diglio	Timothy Kelly	Todd Reisner
Timothy Egan	Al Kim	David Simmons
Vincent Farrone	Steven Kroll	
Carl Gandolfo	Al Lewis	

Chair commented:

- Things are moving fast in the legislature.
- Throughout the NYS 911 system 1 in 3 responses results in no patient transported and although there are a lot of expenses related to that nothing is recoverable. Overdose (Narcan) and diabetic (Glucose) responses are some examples of this.

Steven Kroll was asked to speak about pending legislation.

S8486 (Hinchey) related to Medicaid reimbursement for telemedicine and EMS treatment-in-place and transport to alternate destinations including the new mental health crisis center.

- It was previously submitted as S8447A
- Assemblywoman Anna R. Kelles is expected to introduce a companion bill today in the Assembly.
- Bill does not set up these programs or set rates but will authorize Medicaid to pay reimbursements to providers.

Motion made by Steven Kroll, seconded by Elizabeth McGown that SEMSCO support S8486. Motion passed without opposition.

S4020B (Mayer) - A3392B (Otis) related to EMS as an essential service.

- Part V of the Governor's Executive Budget also includes language about EMS as an essential service.
- There are related provisions concerning special taxing districts, exemption from real property tax cap and county/regional EMS system plans.
- S5000 (May) - A4077 is a less comprehensive bill.

Assemblymember Hevesi will be introducing legislation to increase Medicaid ambulance reimbursement.

- Purpose would be closing the Medicaid payment gap with Medicare to support EMS agency sustainability and the EMS workforce.
- Hospital industry wants Medicaid-Medicare gap closed over 3 years.
- Jeffrey Call indicated while parity is great, Medicare reimbursement is still under cost and current EMS system is struggling because of finances. Cost of readiness must be included. EMT-Ps are paid \$25/hour vs. RNs out of medical school are at \$60/hour.
- Al Lewis commented that the only thing that will fix EMS system is money.
- Al Kim commented about IDC-10 codes and how hospitals and physicians talk about 100 plus % of Medicaid-Medicare rates for their reimbursements.

S6630 (Mannion) - A6274 (Barrett) would allow volunteer firefighters and ambulance workers to claim both state income and local property tax credits.

S7286 (Martinez) - A7524 (Thiele) would increase the volunteer firefighters and ambulance workers personal income tax credit from \$200 to \$800 for eligible individuals.

FEDERAL PROGRAMS

Steven Kroll advised:

- SIREN Grant program has been renewed and funding increased from \$11 million to about \$31 million. EMS agencies serving rural communities are eligible for up to \$400,000 for training, staffing, equipment and ambulances related in some way to mental health and substance use disorder emergencies. In the past this grant has been underspent.
- Medicare Extender for rural and super rural areas need to be reauthorized.
- Community Paramedicine \$20 million funding bill has been introduced.

NYS EMS TASK FORCE

Ryan Greenberg was asked to talk about the NYS EMS Task Force. See separate section on BEMS&TS Staff Report for information.

There were comments about EMS staffing:

- Number of active EMS responders declined 17.5% or 7,000 providers during 2019-2023.
- Community college provides free EMT courses for students there but the number of students taking the course is nominal.
- Al Lewis indicated the need to do more aggressive recruitment on social media.
- Trying to get out the \$15,000 allocated for recruitment & retention programs to the each local REMSCO/Program Agency. It should be included in the new contracts going out 7/1/24.

Motion was made by Steven Kroll, seconded by Al Lewis to support needed growth in the EMS workforce, the Legislative Subcommittee asks SEMSCO to recommend to the Bureau of EMS that training funds be used to support and pay for the Paramedic training of a number of Paramedics equal to the number that are going to be hired by NYS to staff the new NYS EMS Task Force. Motion passed without opposition.

MOTIONS OF SUPPORT

Steven Kroll made a motion which was seconded by Mark Deavers that the Legislative Committee supports S6630 and A6275 that would allow volunteer firefighters and ambulance workers to claim both state income and local property tax credits. Motion passed without opposition.

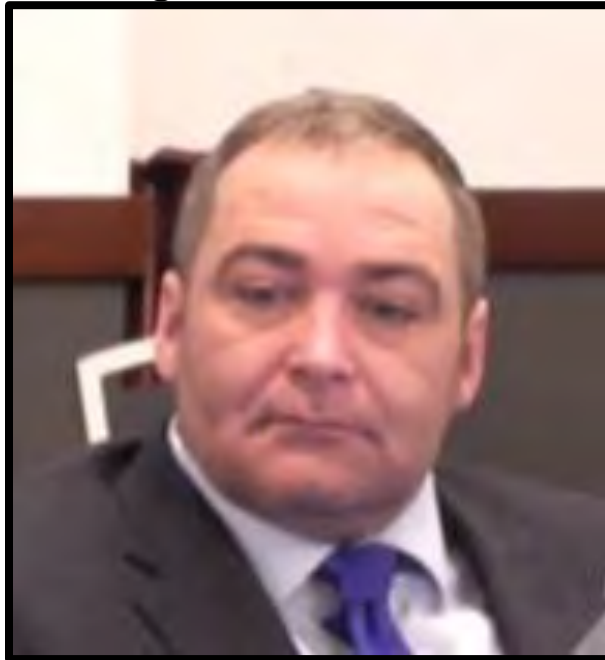
Steven Kroll made a motion which was seconded by several committee members that the Legislative Committee supports S7286 (Martinez) and A7524 (Thiele) that increases the volunteer firefighters and ambulance workers personal income tax credit from \$200 to \$800 for eligible individuals. Motion passed without opposition.

Steven Kroll made a motion which was seconded that the Legislative Committee supports S5000 (May) and A4077 (Lupardo) that would remove EMS services from the real property tax cap to reduce barriers to EMS funding. Kroll acknowledged that some people do not support pulling things out of the tax cap but the legislation is supported by the NY Association of Counties. Motion passed without opposition.

S4020B (Mayer and A3392B (Otis) related to EMS as an essential service was discussed. Steven Kroll indicated we like 90% of what is in S4020B. Comment was made about not knowing how the tax burden would be distributed between counties and towns and how it will play out as the bill progresses and may change. Suggestion was made by Carl Gandolfo to stay neutral for now. There is no need for a motion to do nothing at this time.

Meeting adjourned at 11:35 AM.

SYSTEMS COMMITTEE
Tuesday 2/6/24, 11:54 AM to 12:07 PM
Meeting Duration: 15 Minutes



Mark Deavers, Chair

Meeting was called to order by Chairperson Mark Deavers at 11:54 AM.

Chair read into the record a script covering information about the Open Meeting Law and Public Officers Law, Article 4, Section 74 Code of Ethics Rule with respect to conflicts of interest.

Roll call of committee members was conducted:

Brent Ash - Absent	Andrew Knoell
Jeffrey Call	Yedidyah Langsam, PhD
Mark Deavers	Al Lewis
Marie Diglio	Robert McCartin
Vincent Farrone	Michael McEvoy
Jerrold Gelbard	Todd Reisner
Gregory Gill	Carla Simpson
Jason Haag	Susie Surprenant
Donald Hudson	David Violante
Al Kim	

CON ACTIONS

BAY COMMUNITY VOLUNTEER AMBULANCE CORPS

Chair Deavers gave a history of the action:

- In 2021 the agency had filed an application with NYC REMSCO to expand into the area formerly served by Bayside Community Volunteer Ambulance Corps.
- 5/21/21 a Public Hearing held via ZOOM.

- 6/23/21 Hearing Officer Timothy Hannigan, Esq. report found that Determination of Need was met and recommended to approve the expansion.
- 7/21/21 At the NYC REMSCO meeting the application was denied.
- 8/10/21 Bay Community VAC appealed the decision.
- 7/29/22 ALJ Sean O'Brien ALJ recommended the decision of the NYC REMSCO be upheld.
- 12/7/22 SEMSCO voted to uphold NYC REMSCO's decision.
- 4/5/23 Appeal filed in Queens County Court.
- 9/26/23 Stipulation and discontinuation of (proposed) order from Queens Supreme Court signed by Hon. Joseph Esposito remands the decision back to the ALJ and SEMSCO.
- 11/13/23 ALJ John Terpka states the 7/29/22 report and recommendation of ALJ O'Brien to the SEMSCO should be amended to reflect that there was a need at the time for additional EMS in Bayside. The report and recommendation should be further amended, however, to also include the finding that since the REMSCO Hearing Officer and ALJ O'Brien's report were made Glen Oaks has received SEMSCO approval for its expansion into Bayside on the application made before Bay Community's application. The applicant herein has not met its burden of proving that there continues to be a public need in Bayside, the SEMSCO should review and consider the finding in making the determination whether to deny or grant the application. The ALJ's report should otherwise be unchanged.

Chair asked if any committee member wished to declare a conflict who has not already done so recuse themselves whereupon Jerrold Gelbard indicated his agency is collaterally mentioned in the matter and he would recuse himself from discussions and voting.

Chair read the State EMS Council System Committee Procedure:

- Case Documentation is sent to all members.
- All members to review documentation.
- As this is an appeal no new evidence may be presented.
- The review, deliberation and consideration of the matter shall be based on the record as it stands on.
- If requested, a brief summary statement, not to exceed 5 minutes, may be made to the Committee by: the Applicant, a designated representative of those in opposition and the Affected Regional Council(s). Through the chair committee members may ask brief relevant questions.
- Deliberation and vote will follow.
- Only members of the SEMCSO Systems Committee shall be seated at the table. Only members of the committee may speak on the issue. Only members of the Committee who are also members of SEMSCO may vote.

Motion was made and seconded stating "Resolved, to UPHOLD the 7/21/21 determination of the NYC Regional Emergency Medical Services Council which DENIED the Bay Community Volunteer Ambulance Corps application for the expansion of ambulance service primary operating territory."

Vote was taken and motion passed with all 10 SEMSCO members present voting in favor of the motion.

OLD BUSINESS

06-06 TAG

Chair reported the group reviewing the CON process is still working on the definition of need. There have been 25 responses to a survey commenting on what need is.

DANIEL'S LAW TASK FORCE

Created via Chapter 57 of the laws of 2023, the [Daniel's Law Task Force](#) was established in part to review and recommend programs and systems operating within the state or nationally that could be deployed as a model crisis and emergency services system.

Chair Deavers is the SEMSCO's representative on the task force. He reports that there are people on the task force that believe there should not be any law enforcement response what so ever. There are EMS safety implications to this moving forward.

Meeting adjourned at 12:07 PM.

SAFETY COMMITTEE
Tuesday 2/6/24, 2:16 PM to 2:36 PM
Meeting Duration: 20 Minutes



Andrew Knoell, Chair

Meeting was called to order at 2:16 PM.

Chair read into the record a script covering information about the Open Meeting Law and Public Officers Law, Article 4, Section 74 Code of Ethics Rule with respect to conflicts of interest.

In lieu of a roll call an attendance sheet was passed around to record committee members' presence.

Committee Members (unofficial list based on observation of this and prior meetings)

Bryan Brauner	Andrew Knoell
Stephen Cady	Richard Parrish
Jeff Call	Thomas Pasquarelli
Robert Crupi, MD	Mark Philippy
Carl Gandolfo	David Violante
Douglas Isaacs, MD	Jason Winslow, MD

OLD BUSINESS

PROVIDER RESILIENCY - Update from Carl Gandolfo

- Project is moving along.
- Had opportunity to look at some research.
- Mention was made of check list from agencies covering counselling, peer support, critical incident support/debriefing/management, crisis counselling, etc.
- New York Medical College is offering its expertise to help with project.
- Hope to have a presentation at May meeting.

POLICY STATEMENT 00-13 REVISION - Update from Mark Philippy

- Nothing further since last meeting.
- Proposed language will have one more review and will then be sent to DOH.
- Draft of Best Practices policy language posted on Boardable has not received any comments since December.

MANAGEMENT OF ESCALATION TACTICS - Update from Bryan Brauner & Mark Philippy

- AMR and BEMS&TS are investigating a November incident in Rochester.
- Recommendations are expected to come from that incident relative to curricula and how we will proceed.
- TAG was invited by EMS For Children (EMSC) Advisory Committee to collaborate on its work on pediatric agitation and de-escalation.

ALL HAZARDS EVENT WORKGROUP - Update from Carol Brandt

- The group was formerly called the Hazardous Response Plan Group.
- Have identified stakeholders.
- Working on a guidance document for agencies.
- There are concerns for provider and patient safety.
- Looking at After Action Reports.
- Emergency management of resources coming into an area is a concern.
- Survey on current guidance is to be sent to Regional Program Agencies.
- Andrew Knoell commented about engaging county emergency managers and see what plans they have.
- Mark Philippy commented that EMS is not well understood and is sometimes an afterthought in some planning exercises.
- Comment was made that EMS does not have a history of involvement in tabletop exercises with other sectors. We need to stop operating in a silo.

REDUCTION OF LIGHTS & SIRENS - Update from Scott Reisner

- Still collecting and looking at existing policies, standards, rules, regulations, etc.
- Michael McEvoy commented about information posted on the National EMS Quality Alliance (NEMSQA) web site about reduction of use of lights and sirens. See the section [Lights and Siren Collaborative](#).

PART 800 REGULATIONS - Update from Ryan Greenberg

- BEMS&TS passed on the proposed regulations and they are still in the DOH legal review process.
- This time of year there are a lot of competing things going on.
- Hope to have out for public comment period by the May meetings.
- May be through the comment period by the September meetings.
- Education regulation changes have gone through public comment period which ended 2/5/24 and are expected to come to SEMSCO for final approval at the May meetings.
- Blood regulations changes are still being worked on. There are safety concerns with storage, temperature monitoring and administration.

NEW BUSINESS

Ryan Greenberg commented on the EMS Sustainability paper and its 25 recommendations all related to what SEMSCO can do. He encouraged the Safety Committee to see if any touch on safety and pick up the ball and run with it through a TAG or other group.

Meeting adjourned at 2:36 PM.

QUALITY METRICS COMMITTEE
Tuesday 2/6/24, 3:28 PM to 4:27 PM
Meeting Duration: 59 Minutes



David Violante, Chair, MPH, MPA, EMT-P

Meeting was called to order by the Chair at 3:28 PM.

Chair read into the record a script covering information about the Open Meeting Law and Public Officers Law, Article 4, Section 74 Code of Ethics Rule with respect to conflicts of interest.

In lieu of a roll call an attendance sheet was passed around to record committee members' presence.

Committee Members (unofficial list based on observation of this and prior meetings)

Peter Brodie	Emily Kaplan, MD	Michael Redliner, MD
Maia Dorsett, MD	Jared Kutzin, RN	Chad Smith
Benjamin Fay	Brian Levinsky	Ann Smith
Sean Graves	William Masterton	Susie Surprenant
???? Harris	Mark Philippy	David Violante
Donald Hudson	Maryanne Portoro, RN	

ACTIVITY REPORT

WEBPAGE UPDATE

- *NYS Quality Improvement for Prehospital Clinicians: The New York State Manual* is posted on the DOH web site at https://www.health.ny.gov/professionals/ems/pdf/quality_improvement_for_prehospital_providers.pdf
- Looking to add the complete measures from NAEMSQA, AHA Mission:Lifeline, etc. to the web site with links and brief description of them. Links to resources will also be added. Information was sent to BEMS&TS and we are waiting for approval and subsequent posting.

TAG FOR UPDATE OF POLICY STATEMENTS 12-02, 12-03 AND 21-04

- These Policy Statements are related to PCRs.
- Discussions and work was done on these and suggestions were sent to BEMS&TS. Some changes came back and we are looking for a change log on those. Before moving on this and also looking at moving some things into regulation. Hope to have guidance by 4/1/24 for the May meetings.
- Comments about what is a patient and definition of a patient contact and that affects what happens in completion of a PCR. Have looked at what others states consider to be patient and patient contact.
- Coordination of BLSFR and other responder levels and who completes a PCR was mentioned.

GRANTS UPDATE

- Emily Kaplan, MD provided information to the committee.
- Federal HHS has 3 small grants that may be used for training agencies in Quality Improvement including pilots.
- There are larger grants available for data collection, research coordinator and project research staff.
- Need to determine entity to apply for available grants.

NEW BUSINESS

SPREADING IDEAS ON QUALITY IMPROVEMENT

- Michael Redlener, MD commented about there being several formats including the Regional Program Agencies across the state and virtual contents to engage people. Hope to have more specific plan or strategy and the next meeting.
- Ryan Greenberg commented about possibly providing a 1 pager on subject at time of full service inspections.
- Edward Mager suggested pertinent questions or a QR code linking to the quality web page or the quality manual could be added to the new survey sent out prior to full service inspections.
- Comment about looking at accreditation and/or certifications for individuals in quality related roles.

ACHIEVING BETTER ENGAGEMENT ON QUALITY IMPROVEMENT

- David Violante commented that feedback from some agencies and regions is it's not so hard or so bad.
- Ryan Greenberg asked about preparing material on the proposed quality metrics. He also asked about what could REMSCOs and Regional Program Agencies do. Agencies may want to do the right thing but do not know where to start. Would it be helpful to create an in-person 8 hour course with instructor educational reimbursement? It could also be on-line or on Vital Signs Academy.
- Comment that a lot falls under REMACs. When last QA manual was done there was a video. There is so much data available now, what should we be looking at and how are we going to use it to improve the system.
- Donald Hudson commented about a quality point of the month such a reminder about compression depth. Plant the seed about since we can track that what else can this do for us.
- Michael Masterton commented that Quality Assurance as a REMAC function is good in that it is easy to get hold of an agency Medical Director, supervisory or

chief but quality Improvement is more difficult now with the need to find a PCR coordinator who knows how to speak to a training or QI officer who does not have all the data. Program Agencies do assist with instruction of data access but do not get into the “weeds”. Mention was made of separating QA and QI.

- Michael McEvoy commented that improvement in accuracy of data is not achieved until regular feedback is provided to the data providers.
- Jonathan Washko commented about working with the Cardiac Arrest Registry to Enhance Survival (CARES). A lot of the information on 911 responses is collected through NEMESIS compliant ePCR systems such as HealthEMS. Collecting the data is easy but making sure it is clean and accurate is more difficult as well as incorporating hospital information on patient dispositions. Ryan Greenberg advised cost of program is about \$150,000 annually and DOH is looking for funding sources.

OLD BUSINESS

NEMESIS 3.5 UPDATE

Peter Brodie, Branch Chief, Data and Informatics advised:

- Data & Informatics unit continues to go through transitions. Alexander Bleau, EMS Data and Analytics Specialist was instrumental in building the NEMESIS 3.5 schematron. He will be leaving BEMS&TS to go to medical school. 3 student assistants will be hired.
- Information and feedback sessions were recently held in West Islip, NYC and Syracuse. They were productive.
- Agencies have till 7/1/24 to implement update to NEMESIS 3.5 compatible ePCR software.
- Have been piloting transition with GMA/AMR. Mention was also made about ZOLL-Rescue Net, ImageTrend and ImageTrend Elite.
- There are some dual software agencies.
- There were qualifying questions from SANSIO and 1stDue.
- ZOLL RescueNet will be able to make transition on its own because it controls the platform. Form [DOH-5136 Application and Approval for EMS Agencies to use e-PCR](#) is only needed from agencies using this vendor.
- Working with FDNY on its transition plans.
- Will be meeting with ESO and EMScharts.
- Vendors can switch over their ePCR software to 3.5 starting Tuesday 2/13/24.

Ryan Greenberg emphasized that the update to NEMESIS 3.5 standard is an agency responsibility and compliance is expected. EMS agencies are to ensure their ePCR software vendors adhere to the deadline. BEMS&TS enforcement action would be against EMS agencies and not software vendors.

EMT-CC SUNSET

- Ryan Greenberg asked if the committee had any input or concerns involved in the EMT-CC sunset.
- David Violante advised the committee has not looked any data to make a determination one way or another.

Meeting adjourned at 4:27 PM.

INNOVATIONS & RESEARCH COMMITTEE

Tuesday 2/6/24, 4:36 PM to 5:35 PM

Meeting Duration: 59 Minutes



Michael Redlener, MD, Chair

Meeting was called to order at 4:36 PM

Chair read into the record a script covering information about the Open Meeting Law and Public Officers Law, Article 4, Section 74 Code of Ethics Rule with respect to conflicts of interest.

In lieu of a roll call an attendance sheet was passed around to record committee members' presence.

Committee Members (unofficial list based on observation of this and prior meetings)

Alan Bell	Timothy Kelly	Michael Redlener, MD
Steven Blocker	Steven Kroll	Todd Reisner
Jeffrey Call	Kurt Krumpferman	Douglas Sandbook
Mark Deavers	Lauren Maloney, MD	Justin Smith
Jason Haag	Robert McCartin	Mark Spiezio
Teresa Hamilton	Michael McEvoy	Jonathan Washko
Emily Kaplan	Maryanne Portoro	Meghan Williams

MOBILE INTEGRATED HEALTH (MIH) INITIATIVES

- Other committees have talked about these initiatives and new models of care.
- Article 30 Section 3018 covers Community Based Paramedicine Demonstration Program.
- Proposed 2024-2025 Executive Budget has items in Sections 3019 and 3029.
- Steven Kroll commented that the term Community Paramedicine (CP) and MIH have been used interchangeably. With expanded scope the current 50 programs could expand up to 200 programs. Guidance, safety thresholds and best

practices are needed. In the budget are Paramedic Urgent Care in rural areas and EMS Demonstration Projects that are totally undefined. Hospital-at-Home is defined but the role of a paramedic is not. If EMS is not going to do things somebody else needs to for these projects to work.

- Jonathan Washko commented about a platform service model with common elements including quality, training, funding, credentialing, etc. What has not been solved is reimbursement - ambulance services are not paid where patient is not transported and hospitals are also not paid for patient care. A demonstration project that included payment for alternative community paramedic services was available at one time. Everything is on the table - urgent care, tele medicine, community paramedicine, unscheduled care, scheduled care.

INNOVATIONS IN BEHAVIORAL HEALTH CARE

NYS Office of Mental Health has been holding talks on opportunities. Buprenorphine is an opioid used to treat opioid moderate opioid withdrawal symptoms.

DANIEL'S LAW TASK FORCE

- Created via Chapter 57 of the laws of 2023, the [Daniel's Law Task Force](#) was established in order to: identify potential operational and financial needs to support trauma-informed, community and public health-based crisis response and diversion for anyone in the state experiencing a mental health, alcohol use, or substance use crisis.
- Mark Deavers is the SEMSCO representative on the group as an EMS voice. He commented that recommendations are expected in October. EMS response models are not understood and they see patients handcuffed and put back of a police car or strapped down to a stretcher and put in the back of an ambulance. Initial plan is to send EMTs and peer support groups to all mental health emergencies in NYS. They do not understand risks of sending social workers and not police to a report of a person with a machete walking down the street. There are some concerning extreme beliefs that sending law enforcement to a mental health emergency is a failure. There are options on mental health response programs such as NYC's B-HEARD (Behavioral Health Emergency Assistance Response Division) and training for law enforcement. Concerns have been communicated to the chairs of SEMSCO and this committee.
- A document has been posted on Boardable for review. Comments, constructive criticism and recommendations are welcome. Major points are:
 1. Develop plans with a menu of options for flexible responses to mental health emergencies. One size does not fit all.
 2. Responses should be based on needs of the patient situation. Many mental health emergencies do not require police responses. Police should be included when safety of patient, responders or public is in question.
 3. Office of Mental Health should create alternative destinations and additional resources for patients suffering from mental illness.
 4. Improve training and training resources for EMS providers to enhance their ability to address mental health emergencies including de-escalation, recognition of alternative resources and peer based models.
 5. Task Force should ensure all OSHA guidelines for EMS are followed. The EMS workforce suffers some of the highest rates of violence and it is essential that this is considered in assigning recommendations.

6. SEMSCO should be granted regulatory or legislative authority over overseeing PSAPs for mental health, medical response and trauma. Emergency Medical Dispatch systems throughout the state are not standardized and efforts to create standards for EMD are an important component for systems development for mental health emergencies.
 7. Quality metrics for all programs must be standardized to understand outcomes for example responses to police dispatch, transports to the emergency department, non-transport referrals, measures such as physical force, injuries to provider personnel on scene should be tracked regularly in a quality improvement process that should be implemented to enhance the effectiveness of responses.
 8. Mental hygiene laws need to be updated to reduce criminalization of the remanding process and include sharing of information through mental health registry of patients.
 9. Improve access to regional health data to improve response capabilities for behavioral health emergencies.
- Jonathan Washko commented about patient elopements during transports from acute care to behavioral health centers being a huge challenge. There is no information on the frequency of these events other than what is in the newspapers. This is a significant issue that should be addressed. Policies and procedures are needed for hospital discharges. Patients are discharged in restraints but they are going to a halfway house. Regulatory things compete with one another. There was a short discussion pro and con about the relevance of elopement/discharge concerns to the Daniel's Law Task Force.
 - Motion was made by Johnathan Washko, seconded by Meghan Williams and passed to send a letter to SEMSCO on the Daniel's Law Task Force recommendations.
 - There were comments about disparities on how patients are handled by social workers vs. EMS providers. In controlled office settings mental health or social workers have access to collaboration resources and would simply walk patients to a different office and would not normally call EMS. Concept of engaging law enforcement is completely foreign.

EMS RESEARCH PRIORITIES AND PROCESS

Comments were made about:

- National Association of EMS Physicians (NAMSEP) is hosting a ZOOM broadcast on the evening of 2/9/24 on *Introduction to EMS Research*.
- Fellowship research projects - Typically, fellows will solely be focused on conducting research and communicating their results through publications, presenting at conferences and running outreach activities. There are a lot in progress or have been undertaken in last 4 or 5 years.
- Poster Competitions - These have been a staple of academic conferences for years enabling undergraduate and graduate students make to engage with colleagues in their disciplines. Vital Signs Conference was suggested as a venue.
- Engagement of collegiate EMS organizations and public health students was suggested.
- Measurement of upcoming performance standards was suggested.
- Partnerships with local health departments was mentioned.

OPPORTUNITIES FOR INNOVATION IN EDUCATION

- Meghan Williams commented about recent Healthcare Expo held at Borough of Manhattan Community College. It was open to all hospital, EMS providers and administrators. There were vendors for Virtual Reality Training, Simulation trainers, Mental Health and Hygiene, Task Trainers, Augmented Reality Training, Medical Supply Vendors, Ventilators and Critical Care Transport.
- Michael McEvoy commented that there needs to be criteria or structure when someone comes to SEMSCO for a pilot.
- Ryan Greenberg commented on a visit to the county training academy that has 6 rooms representing different EMS themes or scenarios.
- Innovation Awards have been given by BEMS&TS but not many nominations are received. There are 4 categories, one of which is directly related to education:
 1. Organizational Change Innovations: Innovations in system designs, agency sustainability, and facilitating organizational change.
 2. Clinical Delivery Innovations: Innovations in clinical practices that are leading to positive patient outcomes and/or positive patient experiences.
 3. Recruitment and Retention Innovations: Innovations in recruitment, onboarding, longevity, staff experience and/or staff satisfaction leading to gaining and retaining staff.
 4. Educational Innovations: Innovations in education delivery models, student experience and/or community involvement.

Jonathan Washko commented that in looking at the Governor's budget we have an opportunity to get out in front of EMS as an essential service. We are seeing polarization on the county side and agency side about who is trying to take over. We need structural changes and innovation and have an opportunity to build a model EMS plan that counties can look to and use, developed by SEMSCO that gets the stakeholders at the table. There are 5 hallmarks of the EMS system, some are done well and some are not done well now. All of these are system problems that have to be addressed at the systems level before we can fix other things that were brought up today in committee meetings. Staffing is looked at by agencies but needs to be examined at the aggregate level. Systems design helps us take the blinders off.

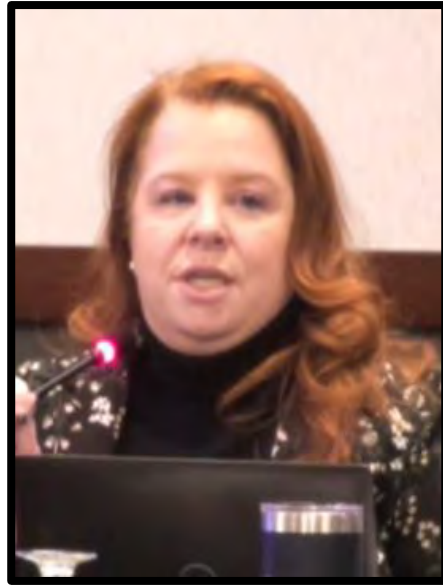
Ryan Greenberg indicated it is important to understand the things in Part V. The way it is today is the starting point. We have the ability to create regulations for things that are in there to create balance and accountability. Statutes are normally on the vague side and are further defined in regulations.

Meeting adjourned at 5:35 PM.

EMS FOR CHILDREN ADVISORY COMMITTEE



**Arthur Cooper, MD
Chair**




**Amy Eisenhauer
Program Administrator**

This is a compilation of comments and information provided at the SEMAC and SEMSCO meetings on Wednesday 2/7/24.

- Committee met on 12/4/23 and 2/1/24. Next meeting is 5/6/24 at the Hilton Garden, Troy.
- Always Ready for Children program has enrolled 7 emergency departments throughout the state and Harlem Hospital is expected to be the 8th.
- Amy Eisenhauer will be at the Emergency Nurses Conference in April talking to people about pediatric readiness.
- Work continues on expanding the Pediatric Emergency Care Coordinator (PECC) program at both emergency departments and EMS agencies. For EMS there are about 250 organizations with about 300 PECCs.
- Federal EMSC survey will be coming out in May. It is a bit longer and has more components on pediatric readiness. Working on a guide to help complete the survey.
- National Association of State EMS Officials (NASEMSO) continues work on the safe transport of children initiatives.
- The federal EMSC program has been strongly advocating for the Family Action Network (FAN) and Nickol O'Toole, EMT-P, the EMSC representative from the FAN is here today. Group ensures that families of children, particularly those who have had interactions with EMS are properly represented. This looks to be a promising partnership.
- Chief Joseph Pataki, FDNY Bureau of Training is assisting in developing video scripts for training providers in 3 different scenarios involving agitated children.
- Meghan Williams, Borough of Manhattan Community College continues an effort involving paramedic students doing research of the differences in calculation of drug dosages provided by different resources such as length based tapes. A report is expected at the next meeting.
- We had a lengthy presentation on the new crisis centers being established around the state. They will be joining the work group on pediatric agitation.


- Elise van der Jagt, MD, MPH, Committee Vice-Chair continues to work on pre-hospital procedural sedation. Committee is considering developing guidance on that for all emergency departments in the state.
- BEMS&TS is continuing to advocate for the pediatric sepsis program. Report on 2021 data is expected at the next meeting.
- Colleagues at the Pediatric Emergency Care Applied Research Network continue work on the TRX {?} program for treating respiratory emergency in children focusing on asthma treatment.
- DOH Bureau of Family Health is updating its pediatric and obstetric disaster toolkit.
- The STAC's pediatric trauma subcommittee found an apparent discrepancy in the data with respect to traumatic brain injury outcomes in older adolescent patients. It appears that the previously identified potential for slightly less than desirable outcomes in that age group is due to a data glitch so more work continues on that.
- Advisory that LifePAC 12 and 15 defibrillator monitor models need to use appropriate pediatric pads is going through the approval process.



How to Calm an Agitated Pediatric Patient: De-escalation Tips

<h3>Create a Calm, Safe Setting</h3> <ul style="list-style-type: none"> • Remove dangerous objects and equipment. • Monitor the patient in a calm space. Dim the lights and minimize noise. • Try to reduce stress and stimulation. They can come from many sources, even family or caregivers. • Use the minimum, reasonable level needed of medicine, physical restraint, and security staff. Don't overuse them. 	<h3>Reduce Agitated Behavior</h3> <ul style="list-style-type: none"> • Respect the patient's personal space. • Listen to them and their caregiver. • Keep a neutral tone and body language. • Speak clearly and be brief. • Avoid actions or words that may annoy, excite, or stimulate the patient. • Identify the patient's wants and feelings. • Offer the patient choices and reasons to feel hopeful and confident. • Reward them when they cooperate. 	<h3>Use Calming Methods</h3> <ul style="list-style-type: none"> • Listen to the patient. Tell them you understand they are upset. • Ask if they need food or a drink. • Provide distraction, such as a safe activity, food, or a warm blanket. • Let them know what you are about to do and why. • Explain what they can expect in an Emergency Department. • Update the patient and family about all aspects of care – how long wait times will be, what type of care will or may be provided, etc. • When the patient is calm, review with them and their care team about what just took place.
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Remember: As you interact with an agitated patient, items hanging around your neck can be a possible safety risk. Tuck these items out of the way: long hair, jewelry, necklaces, stethoscopes, and ID badges.


Department of Health | **PECC**
 Prehospital Pediatric Emergency Care Coordinator

Adapted from Emergency Medical Services for Children Innovation and Improvement Center, (August 2022). Pediatric Education and Advocacy Kit (<https://emscimprovementcenter/education-and-resources/pecc/pediatric-advocacy>)

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