

**Nassau Regional Emergency Medical Advisory Committee
REMAC Meeting Summary
February 1, 2017**

Physician Members	Present	Other Members	Present
Alex Axelrad, M.D.	X	Kenneth Adams, RN, EMT-P	X
Anthony Boutin, M.D.	X	Frank Chester, EMT-CC	Exc
Allen Cherson, D.O.	X	Bruce Cohn, JD, EMT-CC	
Nenad Grlic, D.O.	X	Ann DeSimone, RN	
Michael Guttenberg, M.D.	X	Paul Divver Jr., EMT-P	X
John J. Hassett, Jr. M.D.	Exc	Gary Ferrucci, EMT-CC	X
Neil B. Kirschen, M.D.	X	Annemarie Glazer, RN	
David S. Kugler, M.D. SEMAC/Chair	X	Scott Glazer, EMT-CC	Exc
Josh Kugler, M.D. Vice Chair	X	Mary Harms	
Thomas Kwiatkowski, M.D.	X	John J. Hassett, EMT-CC	X
Josh Moskovitz, M.D.	X	Ernest Heeren, EMT-CC	X
David Ng, M.D.		Judith Jax, R.N.	X
Datev Pedjian, M.D.	X	David Linzer, RN	X
Victor Politi, M.D.	X	Evelyn Mulvaney	X
John C. Rohe, M.D.	Exc	Vincent Papasodero, EMT-CC	X
James Ryan, M.D.	X	Barry Rigney, RN, EMT-P	X
Mark Safford, M.D.	X	Peter Timinelli, EMT-P	X
Grace Ting, M.D.	X		
John Zaso, M.D. Secretary	X		
Joseph A. Zito, M.D.	Exc		
<u>Guests</u>		<u>Guests</u>	
Charles Mackie	X		
Michael Mazzola, MFD	X		
Thomas Mastakouris	X		

Call To Order

Call to order at 2:23PM by Dr. D. Kugler, Chairman. Meeting held at NUMC Auditorium.

Approval of Minutes

MOTION to approve minutes of December 7, 2016, by Ting/Cherson – with amendment to add Wantagh-Levittown VAC approved for BLS CPAP, 12-Lead ECG & Check & Inject – passed unanimously.

Correspondence

- In-coming: --
- Massapequa FD – Request to Participate in Check & Inject Pilot Program
 - Oyster Bay FD – Request to Participate in Check & Inject Pilot Program, BLS Naloxone Administration, BLS AED Use
 - Seaford FD – Request to Use BLS 12-lead ECG
 - Valley Stream FD – Request to Use BLS 12-lead ECG
 - Wantagh FD – Request to Use BLS 12-lead ECG
 - Atlantic Beach Rescue – Request to us Dr. Josh Kugler as Agency Medical Director

- NYS DOH BEMS e-mail – Controlled Substance License Requirement
- NYS DOH BEMS – Downgrade Agencies without Controlled Sub License
- NYS DOH BEMS e-mail – Enacting Part 800.5(d)(4)
- NYS DOH BEMS e-mail – Controlled Substance License Requirement
- Elmont FD – Downgrade Level of Care to EMT
- Rockville Centre FD – Request to Use BLS CPAP

- Out-going: -- Chief Montera, Bellmore FD – Approving Use of BLS CPAP, BLS 12 Lead ECG, and Check & Inject
- Chief Johnson, East Rockaway FD – Approving Use of Check & Inject
 - Chief Fabrizio, East Williston FD – Approving Use of AED, Naloxone, and Check & Inject
 - Captain Walsh, Farmingdale FD – Approving Use of BLS CPAP
 - Chief Steinwall, Levittown FD – Acknowledging their Level of Care Downgrade to BLS
 - Chief Kingdon, Wantagh-Levittown VAC – Approving Use of BLS CPAP, BLS 12 Lead ECG, and Check & Inject
 - Chief Chavatte, Lynbrook FD – Acknowledging their Level of Care Downgrade to BLS
 - Chief Beneville, Massapequa FD – Approving Use of BLS CPAP
 - Chief Hartman, Mineola VAC – Approving Use of EMS Charts ePCR
 - Chief Bartunek, Westbury FD – Approving Use of BLS CPAP and Check & Inject
 - Dr. Gorski, New Hyde Park FD, Medical Director – Requesting e-mail address

REPORTS

Chairman – (DK) – thanked NUMC for hosting the REMAC meeting. Gave brief introduction as new Chairman.

SEMAC – (DK) – see report + SEMSCo report. DOH Stroke report – referred to Protocol Subcommittee for a change to Protocol III.V to make last known well time a required notification to MedCon for hospital notification. Discussion on the stroke report and the fact that they are looking for a 15-30 minute pre-arrival notification which doesn't really apply in Nassau due to the short arrival time. The SEMAC & SEMSCo reports were previously sent to all members via e-mail and the Chair asked if anyone had any questions on them or if anyone wanted him to read them (a hush fell over the body) so they were not read.

Q.I. Subcommittee – (JZ) – see attached report.

Protocol Subcommittee – (JR) – no meeting.

Credentials Subcommittee – (DK) – see New Business.

Policy Subcommittee – (NK) – working.

Regional Trauma Advisory Committee – (JJ) the pediatric subcommittee of the STAC is looking to put together a study. Next STAC meeting is 2/16/17.

Unfinished Business

- Medication Shortage – Drug shortages, see list
- The Chair noted that in accordance with the regulations the Revocation of ALS level of care for the following agencies is automatic and no vote is required:
 - Carle Place Hook, Ladder & Hose Co. No. 1
 - East Norwich Volunteer Fire Company No. 1
 - Freeport Fire Department
 - Hempstead Fire Department Rescue Squad No. 1

- Village of Island Park Volunteer Fire Department
- Syosset Fire Department
- West Hempstead Fire District
- Elmont FD downgrade level of care to EMT as per their Agency Medical Director Information form that was filed.
- E-mail address – State is asking that all departments provide the REMSCo/REMAC with a common e-mail address e.g. chief@xyzfd.org so that when individuals leave office and an new individual comes in, there will be continuity of contact with the agency without having to track down the incoming person.
- AEMT Protocols – in progress

New Business

- Approval of Atlantic Beach Rescue to use Dr. Josh Kugler as their Agency Medical Director – **Motion:** to approve – Zaso/Kirschen – passed unanimously.
- BLS CPAP Approvals
 - Rockville Centre FD – **Motion:** to approve – Guttenberg/Cherson – passed unanimously.
- Check & Inject Agency Approvals
 - Massapequa FD – **Motion:** to approve – Zaso/Boutin – passed unanimously.
 - Oyster Bay FD – **Motion:** to approve – Zaso/Kirschen – passed unanimously.
- BLS 12-Lead ECG Agency Approvals
 - Seaford FD – **Motion:** to approve – Kirschen/Zaso – passed unanimously.
 - Valley Stream FD – **Motion:** to approve – J.Kugler/Cherson – passed unanimously.
 - Wantagh FD – **Motion:** to approve – J.Kugler /Cherson – passed unanimously.
- Agency Medical Director Information Form – 5 agencies missing. Chair indicated these are to be suspended until they submit the completed form. After discussion a **Motion:** to notify these agencies that they had until 5pm on 2/6 to submit the form or they are suspended – Guttenberg/Kirschen – passed unanimously.

Announcements

Meeting adjourned at 3:03PM.

Next Meeting Date: Wednesday, April 5, 2017 at 2:15pm
NUMC

**Nassau REMAC Protocol Subcommittee
At REMSCo Office
Meeting Summary – November 29, 2016**

The meeting called to order at 1400 hours.

Present: James Ryan (Chair), Ken Adams, Frank Chester, John Hassett, Don Hudson, Josh Kugler, Kevin O'Hara, Barry Rigney, Grace Ting,

Excused: Scott Glazer, John Zaso

Absent: David Kugler, Vincent Papasodero, Victor Politi, Mark Safford, Peter Silver, Joseph Zito

Guests: Anthony Boutin, Paul Divver

Chairman –Nothing to report.

New Business

- Discussion ensued on the prospect of the State ending the EMT-CC level of care – we will have to see as it develops.
- Protocol actions are being recommended to the REMAC for a vote
 - 2nd Motion that REMAC adopt AEMT level of care
- Review and discussion on creating or adopting the AEMT protocols. After a lengthy discussion it was decided that Barry Rigney will draft a set of protocols and they will be sent to office for distribution for review and then we will have another meeting.

Meeting adjourned at 1600 hours.

Nassau Regional EMS Council

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Mineola, NY, 11501

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Memo

To: Dr. John Zaso

From: Frank Chester EMT-CC QI Coordinator

Date: 12/5/16 **Subject:** QI

Report

- ALS credential database was updated & new cards printed on November 21, 2016. We currently have 810 credentialed ALS providers listed.
- Received 58 referrals & conducted follow-ups with no trends noted.
- Webinar meeting was held with Safety-Pad software company on 12/5/16 regarding NCPD & NYS approval. Still some details to work out approval should be forthcoming.
- We have been communicating with Brian Sherwood & updating him of several agencies that have started the NYS narcotics mandate compliance process. He as well has been communicating information as he gets it to update our office of agencies that are in the process.

Jan 10, 2017

NYS SEMAC/Medical Standards Committee

1) NYC ALS protocol revisions [minor changes including standardization of glucose levels to more reasonable level of 60 not 120, changes in wording for ED drugs because of their other uses, IN glucagon, and CPAP in recent bariatric surgical patients-changes approved

2) BLS Stroke Protocol-**TABLED**: Presentation to change the bls protocol given by the Coverdell group. The data point "last known well" is also being added to NEMESIS data base and is required to capture for stroke patients. They also proposed to expand the stroke window from the 2 hours mark to longer to allow for the 4.5 hour rTPA. Another recommendation was to give a stroke alert as soon as possible, but at least 15 to 30 min before arrival, keeping similar to the trauma notifications.

****Attach the comparison table emailed from Andrew Johnson on 12/21/16 shows how Nassau does not have a comprehensive stroke protocol/policy****

They provided the FAST mnemonic to help recall the Cincinnati stroke scale and then the C-BOLT reminder for critical info to be captured and shared for hospital notification.

It was asked to the SEMAC body to review this and all bls protocols for update.

Additional notes on stroke: To enhance the state bls protocols and the bls stroke protocol it was proposed to amend them- Requiring glucometry by all EMS agencies-not just regionally but globally, passed. (NB Although the global stroke protocol change was tabled at SEMAC, this will become mandatory and all agencies should begin to prepare for this.)

3) Advisory 97-03 Hyperventilation in Severe TBI, move this advisory into protocol- as well as consideration to move other advisories into protocols. There is a working group for this project.

4) FDNY demonstration project- **Disapproved at SEMSCO**: CFR- nebs, aspirin, epi auto injectors presented by Chief Glenn Aseda. Part of the logic is that these are meds currently being used by the patient at home, the cfr's are already successful at intranasal nalaxone. FDNY was informed that in article 30, NYS allows CFR to admin epipens all over the state now it did not need to be included in demonstration.

Informational: Check and Inject is for emt's only not cfr's.

Lee Burns Report:

Ketamine: is for paramedic use only. Part 80 allows a cc to be a controlled substance agent, including if an agency carries Ketamine for Paramedic use.

Protocols call for mast pants for pelvic fractures? Do we want to include other pelvic stabilization-yes

EMSC is reviewing protocols and the bls protocols Reporting that currently the protocols are blended. Why not separate the peds ones from the adult ones? As a question.

Lou Marshall:

TAG reports: alt formulary update- dexamethasone and sodium thiosulfate. Regional shortages occur so the alt formulary exists.

CC tag update-discussion to eliminate the cc level and bring nys to national standards-**progress full report due in May 2017**

UPDATE Dr. Dailey-Check and inject: awaiting final approval by commissioner 580 agencies involved with 18900 providers trained in its use, and multiple (61) administrations.

SEMAM meeting:

Committee Reports:

Education Committee-

Staff report, and update on instructor level exams; CLI's are doing better at exams than IC's.

PRO exam bought out PSI for state testing

2016 testing: 3322 CFR 91% pass rate, 10,780 EMT 87% pass rate, 80 AEMT 89% pass rate, 269 EMT-CC 87% pass rate, 1440 paramedics 86% pass rate.

No more testing of station 5 (spinal immobilization station) in skills exam will still remain on curricula.

Regional updates should not restrict the instructor regardless of the sponsorship affiliation

EMT-cc tag, deliberation statement and formal report due at may meeting, no decisions made yet.

Annual protocol updates to be done via the Moodle website.

EMS-c is reviewing all protocols and with safety tag including transport of children in parent's arms.

Medical Standards:

NYC protocols update is passed

Stroke protocol discussion

Glucose testing was made mandatory

Prehospital notification is mandatory, making the notification equivalent to the notification of a trauma.

Motion of approving the state bls stroke protocol with the removal of the regional discrepancy of the use of glucometry. There are questions 1) oxygen admin in patients who have sensation of dyspnea in normal oxygen sats, 2) the structure of the bls protocol should mirror all the other protocols and should be changed when all protocols are changed. The protocol change was tabled because it was not able to be viewed and discussed in its design and content. The second motion from medical standards will be brought forth at next semac meeting.

NYC CFR pilot- Approved in SEMAC/ Disapproved in SEMSCO

Ketamine is only a paramedic level medication, but CC's can be controlled substance agents for those agencies that use Ketamine.

Lee Burns:

- Staff vacancies and trauma coordinator. Budget season is beginning. 2016/17 budget was changed and the spending cap will likely be decreased. 16 Mil dollars was cap last year, and this is likely to be less. There is a change to the epi auto injector law taking into effect end of March. No more notice of intent, and made anyone eligible to use, and any prescriber may prescribe a non-patient specific autoinjector. The state is developing an educational program for child care. Section 3000-C. This law change pulls the use of epi auto injectors away from remacs. But Lee hopes the local agencies will continue to report use to the remacs. Reminding all that check and inject is for EMS agencies only not for other agencies. In order to be eligible the provider must take some sort of first aide and epi pen administration course.
- Lee sent out a letter to the agencies doing als without controlled substance certs, now only 53 agencies remain. 5 agencies chose to move to AMT level and 4 chose to move to EMT level. The hammer drops on 2/1/17. **30 percent in 1 region (Nassau)**
- The state has approved 1 new ambulance transfusion service.
- She discussed that if SEMAC advises a mandatory item (defib, etc) it needs to be put into law on the part 800 sheet.
- Trauma Verification process: 23 verified hospitals to date siuh level 1 adult level 2 peds, 6 more hospital surveys have been completed and results are pending. 7 more visits are up and coming.
- Next meeting is May 9th.
- Ems memorial May 23rd. on the plaza
- Vital signs conference in Rochester 1/25-10-29.

EMSC progress-

Quality improvement collaborative-Federal EMSC program that supports the state emsc program established a performance measure of improvement of the ability of emergency departments in the care of children. Because the general readiness in the care of patients

was poor. But has improved still not where it needs to be. There is an emsc innovation and implementation center in Texas, Houston. This group is looking at data gathering looking at outcomes, pediatric readiness scores. This is an 18 month project that concludes at end of 2017.

Old Business-

Check and inject report: 580 agencies enrolled across the state 18900 emts trained, used 61 times successfully. Since project implementation.

New Business- Mike Daily presents a problem that he has been discussing with Lee Burns- language in the law prevents nurses in the emergency departments by the state board of nursing- preventing nurses from pushing etomidate, propofol, etc. but paramedics are allowed to use these meds in the street. What about the physician in a rural practice site? Requesting the commissioner of health speak with the commissioner of education to remove this leash, to keep the admin of the meds to the P and T of the hospitals. A letter to go from this body to the commissioner, via SEMSCO-Approved.

SEMSCO OFFICER ELECTIONS

- Steven Kroll (Albany County) was reelected Chairperson without opposition.
- Patty Bashaw (Essex County) was reelected 1st Vice Chair without opposition.
- 2nd Vice Chair position has 2 candidates advanced by the Nominating Committee: Stephen Cady (Chenango County) and Mark Philippy (Monroe County). Their biographies will be distributed to SEMSCO members and election for 2nd Vice Chair will take place at the May 2017 meeting.

CHAIRPERSON'S REPORT

The Changing Face of Emergency Medical Services in New York State was the theme of a series of statewide conference calls hosted by SEMSCO Chairperson during 2016.

Topics included:

- The Business Model of EMS and Financial Sustainability of EMS Agencies
- EMS Workforce Recruitment and Retention
- Integration of EMS into the Health Care System
- Rural EMS
- Patient-Centered EMS
- Delivery System Reform Incentive Program (DSRIP)
- Quality, Value, and Outcomes
- Regulatory Barriers
- EMS Leadership and Agency Consolidation

Appended to this report is a copy of the PowerPoint presentation given by Steve at the end of the SEMSCO meeting that summarizes the calls.

Workforce survey to be distributed. Staffing shortages appear to exist in all sectors of EMS – municipal, commercial, volunteer, industrial and 20 agencies closed in 2016. Survey would ask questions such as:

- Where do you think you will be in 5 years?
- How much overtime used in 2016?
- Current staffing – optimum staffing?
- Personnel increasing or decreasing?
- Call volume increasing or decreasing?

Hope for results and report in Spring 2017

BUREAU OF EMS AND TRAUMA SYSTEMS REPORT

- Trauma Coordinator position remains vacant.
- Staff vacancies exist in Western NY, Metropolitan and Central Regional offices.
- New epinephrine auto-injector law signed by Governor Cuomo amends Public Health Law Section 3000-c and takes effect 3/28/17. S6800/A09537 Authorizes, but not mandate, public venues such as restaurants, youth organizations, sports leagues, theme parks, sport arenas, day care and educational facilities to stock and administer epinephrine auto-injectors in an emergency to individuals who appear to experience anaphylactic symptoms. In effect the new law removes many DOH and REMSCO/REMAC requirements that had applied to EMS agencies such as Letter of Intent, Collaborative Agreement, need for Medical Director signoff, QA/QI reports, etc. Prescribers can issue a non-patient specific prescription to just about anyone who has gone through a nationally approved training program such as the American Red Cross on-line course or a course approved by the Commissioner of Health. Lee Burns suggested Regions continue current procedures to keep tabs on what agencies are doing with epinephrine auto-injectors.
- Check & Inject Demonstration Project is limited to EMS agencies. Schools, camps and day care centers cannot participate.
- Controlled Substances Licenses were mandated for ALS services under NYS Regulations effective 7/31/16. Recently 66 EMT-CC agencies without licenses were sent letters reminding them of the obligation and giving until 1/31/17 to start the application process or change to BLS level. Statewide, 5 agencies have decided to go to the AEMT level and 4 to BLS level. 53 agencies remain to decide on what they want to do based on their operational capacities and 1 county had 33% of the agencies.
- Applications for administration of blood products through an Ambulance Transfusion Service are slowly coming in. 1 new one has been verified and 1 was stopped when its local blood bank objected.
- Trauma Center verifications by the American College of Surgeons Committee on Trauma continue. 23 hospitals at various trauma levels have been verified in NYS. State Island University Hospital was

nd Pediatric Center and Imogine Bassett in Cooperstown as level 1 Adult. 6
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hospitals have been reviewed with results pending and 7 have been scheduled for visits in the coming months.

- DOH will no longer issue a Policy Statement mandate unless it is supported by law or regulation. Defibrillators and epinephrine auto-injectors were given as examples of items not required by Part 800 regulations.
- Bureau is not looking at any new initiatives or projects but based on resources are making sure ambulance services remain certified, EMT testing is done and educational programs are going on. There were over 700 investigations in 2016.
- Lee Burns has been attending Regional EMS Council meetings around the state.
- EMS Memorial Ceremony will be held in Albany on the Plaza on 5/23/17.

EDUCATION & TRAINING COMMITTEE

- Looking at the instructor level exams for Certified Instructor Coordinators (CIC) & Certified Lab Instructors (CLI). Testing is ongoing. CLIs are doing better than CICs on the exams. There are reference materials to aid in studying for the exams.
- The National Association of EMS Educators (NAEMSE) Instructor I Course may be utilized in place of the NYS DOH CIC course per Policy Statement 16-02. NAEMSE emphasis is on Educator vs. Instructor.
- Rollout of statewide protocol updates in the future will be done in the late Spring using a software product called Moodle which is a learning platform designed to provide educators, administrators and learners with a single robust, secure and integrated system to create personalized learning environment. This was the software used for the Spinal Restriction and Hemorrhage Control protocol updates.
- The DOH's contractor for development of EMS written tests, ProExam, was bought out by PSI.
- EMS Testing in 2016
 - CFR: 3,322 tested with 91% pass rate
 - EMT: 10,780 tested with 87% pass rate
 - AEMT: 80 tested with 89% pass rate
 - EMT-CC: 269 tested with 87% pass rate
 - EMT-P: 1,444 tested with 86% pass rate
- Skills Station 5 on Spinal Immobilization will no longer be used, however, the immobilization skills involved will still be taught.
- Practical skills manual has been updated.
- Regional CIC & CLI updates are open to all instructors from all Course Sponsors. Regions cannot limit attendance to certain Course Sponsors.
- CRITICAL CARE TAG REPORT OF DELIBERATIONS - January 10, 2017

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

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

SEMAC & MEDICAL STANDARDS SUBCOMMITTEE

Three motions were brought forward to SEMAC with two going on to SEMSCO:

Approved - NYC ALS protocols with minor changes from original proposals. There were concerns about glucose levels for treatment of hypoglycemia, changing wording about history of patient use of erectile dysfunction drugs because the medications in question such as Cialis can be used for other medical conditions such as pulmonary hypertension, intranasal glucagon and use of CPAP in patients with recent bariatric surgery.

Tabled – NYS BLS Stroke Protocol. The proposal calls for adding Last Know Well time, changing critical window for EMS transport time from 2 hours to 3.5 hours, blood glucose monitoring by BLS, pre-hospital notification to hospitals and hospital collection of EMS data. Wording about Regional approval of glucose monitoring was removed but issue of need for clarification of oxygen administration was brought up with saturation level of above 94% suggested as a cutoff for supplemental oxygen. Also, need for review of all BLS protocols was mentioned. Rather than proceed with proposal it was tabled and will be brought up at next SEMAC meeting.

Disapproved – FDNY CFR Demonstration Project. Original proposal passed by NYC REMAC and REMSCO called for incorporation of nebulized albuterol for asthma & wheezing, epinephrine auto-injector for anaphylaxis and aspirin for suspected myocardial infarction. At SEMAC only administration of nebulized albuterol remained in the Demonstration Project proposal as information had been received that CFRs can administer and use an epinephrine auto-injector and administer aspirin. Issues discussed included NYS law limiting CFR training curricular to 51 hours, supporting national training for various EMS levels such as the Emergency Medical Responder (EMR) level but on the other hand adding to state training and Regional options that permit BLS agencies to train or not train their EMTs in albuterol administration. Per SEMAC policy the demonstration period starts on agency implementation and ends 18 months later. At SEMSCO, however, the discussion added issues involving NYC funding of FDNY CFR vs, EMS EMT, diversion of fire resources from their prime roles by adding 300 CFR calls a day to the present 800 CFR calls and other issues. Donald Faeth, FDNY Local 2507 Uniformed EMTs & Paramedics & Inspectors made an especially blunt presentation in opposition to the proposal. Interesting, no mention was made of FDNY not utilizing mutual aid and calling on the 3 dozen volunteer EMS agencies that exist in the city. SEMSCO voted to disapprove the Demonstration Project.

- EMT-CC cannot administer Ketamine but regulations allow an EMT-CC to be a Controlled Substance Agent for an ALS agency that administers Ketamine.
- Looking at SEMAC Advisories to see if they can be incorporated into Protocol or sunset the advisory.
- Statewide BLS protocols will be reviewed and several people have already volunteered to help.
- Collaborative Protocols update will be rolled out across the state from east to west. Distribution will start 2/1/17 of training materials which will include podcasts, simulations, narrated PowerPoint presentations, etc. Practicing under the new protocols is expected to begin in early March, again starting from east to west.
- CHECK & INJECT DEMONSTRATION PROJECT
 - Awaiting review and decision by the Commissioner of Health
 - 580 agencies enrolled
 - 18,900 EMTs trained
 - 61 utilizations, all successful

SYSTEMS COMMITTEE

- 2 appeals of regional decisions are at the Bureau of Adjudication.
- Last quarter of 2016 saw 50 Certificate of Need (CON) issues, applications or transfers.
- There have been a large number of Municipal CON declarations.
- BLSFR Agencies that have DOH Agency Codes need to be active in their communities in order to receive funding for the training and/or recertification of their EMS personnel.
- Agencies are not required to provide service to their entire authorized operating area to maintain their certificate. Providing service to any part of the area maintains the entire certificate.
- Infection Disease Exercise to be conducted end of February for hospitals and long term care facilities testing communications, contact list, EMS mobilization process. EMS will not actually be responding.
- CON TAG has been ongoing for 2 years. Definition of “need” was established years ago but not be germane today in all regions. Some requirements in regional policies are not backed up by law and/or regulations. TAG will redirect its activity and Bureau will look at revision of DOH Policy Statement 06-06. SEMSCO has not followed through on proposing regulations called for under Article 30.

- Lee Burns commented that Regional Councils process CON applications making determinations of need that are based in applications that are actually incomplete. Appeals are the result. There was a guidance/checklist document prepared years ago by Robert Delagi that is available for reference and could be updated if needed.

LEGISLATIVE COMMITTEE

- NYS Senate Bill S1114, 2017-2018 Legislative Session introduced and referred to Codes Committee - Designates offenses against law enforcement officers, firefighters and emergency medical services personnel as hate crimes.
- NYS Senate Bill S2156, 2017-2018 Legislative Session introduced and referred to Higher Education Committee – Establishes a collegiate emergency medical services pilot program to enable college campuses and universities to construct independent emergency services to offset the disproportionate impact that campuses may have on local infrastructure. Commissioner of Education could make grants of no less than \$60,000 for training, equipment and administration.
- NYS Senate Bill S2770, 2017-2018 Legislative Session introduced and referred to Local Government Committee – Classifies emergency medical services as essential services for the purposes of state aid. This would put EMS on same level with police and fire for need for funding but could also open up liability for the amount/level/quality/etc. of EMS service provided.
- US House of Representatives Bill HR304 Protecting Patient Access to Emergency Medications Act of 2017 passed House with a vote of 404 to 0 on 1/9/17. The bill allows for the current practice of paramedics administering controlled substance narcotics in the field under Medical Director standing orders. If approved by Senate (S2932) and President it would block plans by the US Drug Enforcement Agency DEA) to issue national policy that controlled substance narcotics could only be administered in the field after On-Line Medical Control approval.

PUBLIC INFORMATION, EDUCATION AND RELATIONS (PIER) COMMITTEE

- Michael Reid, Chairman of the Committee will be leaving SEMSCO due to taking a position with the NYS Legislature.
- Award nominations for NYS DOH awards are due to DOH by 5/1/17.
- Regional Councils need to do better job in reviewing nominations to ensure they are complete.

FINANCIAL COMMITTEE

- Current Bureau budget is \$16,000,000
- Budget has been steadily decreasing
- Program Agency funding has not increased since 1997
- Minimum wage increase will affect support positions for Program Agencies and Training Sponsor/Agencies
- Bureau has 8 vacant positions (over 20% vacant, 36 positions filled)
- Training reimbursement to sponsor agencies is insufficient.

Proposed Emergency Medical Services Budget 2017/2018 which will be passed on to the DOH Commissioner, state legislature and Governor

Aid to Localities-Special Revenue:

EMS Regional Councils	\$ 495,000
EMS Program Agencies	\$ 3,700,127
Training Reimbursement	\$12,100,000
Total	\$16,295,127

State Operations-Special Revenue:

SEMSCO/SEMAC Meetings	\$ 200,000
Bureau of EMS Operations	\$ 7,685,000
Total	\$ 7,885,000
Total FY 17/18 Requested:	\$24,180,127

Includes 10% increase to Program Agency and REMSCO contracts Funds bureau staff vacancies

Provides funding to increase training reimbursement at all levels Training reimbursement is at least 50% of the total budget per Article 30.

SAFETY COMMITTEE

- Still working with the EMS for Children (EMSC) group on changes to protocols that allow small children to be transported in parent's arms. Safety is more important than quieting fears.

- Reviewing the 3 national ambulance construction standards issued by the National Fire Protection Association (NFPA) 1917, Commission on Accreditation of Ambulance Services (CAAS) and US General Services Administration KKK-A-1822 vs. NYS Regulation Part 800.22.
- Policy Statement 00-13 Emergency Vehicle Operations is being reviewed. There is a need to conform to the Vehicle & Traffic Law along with “best practices” to ensure provider and patient safety.
- Attacks on EMS personnel are a concern. There are a number of programs available to educate providers about safety.

NEW BUSINESS

NYS Board of Nursing supposedly issued a policy/letter/opinion indicating RNs are not qualified to be administering Etomidate, Ketamine or Propofol as anesthesia in Emergency Departments. This would affect small and rural EDs which can be staffed by 1 doctor who would have to administer anesthesia while at same time doing the procedure causing the pain. Motion was made and passed to send letter to DOH Commissioner alerting him to problem and ask for his advice on how it could be solved.

Next SEMAC meeting – Tuesday 5/9/17

Next SEMSCO meeting – Wednesday 5/10/17

ED Note: Subsequent to the meetings we received a notice from Lee Burns advising: “It is with a heavy heart that I share with you that Walter Reisner (Walt) died this afternoon [1/19/17]. For those of us who knew Walt, he was a force to be reckoned with, an EMS pioneer, a man with passion for his community and EMS across the state. He was always willing to share his opinions and they were always valuable. I will miss Walt’s counsel and his humor.” Walt served on SEMAC/SEMSCO as a representative for the Southwestern Regional EMS Council.