

Director Burns spoke of a NY State EMS System that is under-funded and under-recognized as an essential service. Since January 1, 2016 to May 10, 2017, a total of twenty six (26) services have surrendered their ambulance operating certificates as they could no longer sustain operations. There is a trickle down affect that negatively impacts State both EMS Operating and Aid to Localities funding streams, decreased by 25% over the last ten (10) years, of which this steadily decreasing funding stream for EMS initiatives does indeed impact work at the regional levels.

State DOH legal counsel reiterated the position that if a Controlled Substance License expires, even for short duration of 1 day, all controlled substances are to be returned to the hospital, until such time as the renewed license is received. It would be considered a federal DEA offense to have controlled substances without a license. Of note is that to date only six (6) ALS agencies across NY State were unable to comply with the regulatory requirement.

New Form 4352 released for reporting controlled substance information to include all controlled substances and all time periods on one single form.

New policy statements 17-03 *Ketamine for PreHospital EMS Services* and 17-04 *Fentanyl for PreHospital EMS Services* have been released and can be found on the State DOH website.

State DOH reported that 50% of the 1,100 certified services across NY State have made the transition from paper PCR to electronic PCR.

Much discussion revolved around the future of the EMT-CC in NY State. State DOH is taking public comments, by email to EMSMail@health.ny.gov In summary - The number of CCs across NY State and Suffolk County is steadily declining while the number of paramedics is steadily increasing. The number of ALS calls run by CCs as the only level of ALS provider is steadily decreasing. It is only a matter of time before CCs become extinct naturally, and the cost: benefit ratio of a complete makeover is not sustainable. There are 59,000 certified providers in NY State, of those, 1,522 (2.5%) are CCs. As policy making bodies of NY State, the SEMAC and the SEMSCO must look at the totality of the issue statewide, not region by region. The following process was approved and includes: State DOH no longer approve CC original courses after January 1, 2018; State DOH no longer approve CC refresher courses or rapid refresher courses for 18 months beyond the January 1, 2018 date above; CCs in continuous practice as defined by Part 800.3 & 800.9 may continue to provide care at the CC level and refresh the CC certification indefinitely (some heard 10 years - there is an issue with establishing a time frame for this as the CME Program for CC level of care is codified in PHL); and State DOH is to create an automatic advanced standing process for CCs with ≥ 3 years of active experience, as defined by 800.3 & 800.9, to paramedic bridge program. Such a bridge program to include on-line didactic content with availability of skills and testing by local Course Sponsors. The program to be continued for a minimum of 10 years, commencing January 1, 2018.

As of September 1, 2017, the Bureau of EMS will cease sending individual instructor renewal packages and reminders to CICs and CLIs. It is the responsibility of the instructor to track and maintain his/her instructor certification status, and up to Course Sponsors to have a way to ensure renewals for their respective staff are maintained.

Continued.

Transition to NAESME-based instructor qualifications proceeds. Pass rate for CLIs is between 80-100% while the pass rate for CICs is not quite that high, but trending upwards with each test. Item analysis on test questions was again validated by the new testing vendor. To date 356 CICs and 382 CLIs have passed the test.

New vendor PSI/AMP has started with the April 2017 written exam. Their work with that exam has been accepted by the Bureau, and grades will be posted to the new site 9 days after the Bureau validates scores (that may decrease in the future). You should have received emails from Andy Johnson or AMP Examination Services to register, the old ProExam “box account” will shut down on June 30th.

Effective immediately, on-site scoring sheets will no longer be considered “Temporary Certification.” Students taking the on-site exams must be informed that they may not practice at the tested level of certification until the certification card arrives in the mail. New procedures instituted by the Bureau demonstrate that cards are mailed within 12 days of score validation.

Required instructor update for the epinephrine “Check & Inject” Program have been posted on the Moodle training website, along with all relevant information for educational objectives <http://vitalsignsconference.com/server/moodle/login/index.php> To date, 150 instructors have completed the training. This information is required information in all courses, for all written exams after the August 2017 exam. This does not replace auto-injector training, it supplements it. There is no PSE Station for check & inject, and it was approved that EMT-Bs can use the same syringe as ALS Providers (1 ml / 23 g), no longer confined to the syringes developed for the program (no graduations, just an A or a P designating the volume for adults and pediatric patients). Policy Statement going through in-house review by the Bureau Staff, will be released shortly.

SEMAC Advisory 97-03 on Hyperventilation of TBI has been rescinded. Per STAC and SEMAC, ventilatory rates applicable to this subset of patients are now well documented in current clinical practice at all levels.

Previous BNE and DOH rulings regarding ketamine were reinforced. It was re-affirmed that while only EMT-Paramedics may administer ketamine, EMT-Critical Care Technicians may serve as a Controlled Substance Agent in an ALS agency using ketamine, per the Part 80 Regulation. It should be noted that while it is necessary to “prevent *access* by unauthorized individuals,” it is not necessary to have 2 separate safes or strict and costly control methods in each ALS ambulance. It is acceptable practice to simply package and track ketamine and other controlled substances separately and distinctly to prevent unauthorized *use* by EMT-CCs.

Bureau Staff reported that we can see increased requests for EMS involvement in local Health Emergency Preparedness Coalitions (HEPC) due to new requirements that EMS participate in disaster planning at the local level.

The EMS memorial will be held on May 23, 2017. There are three (3) individuals suffering Line of Duty Deaths (LODD) who will be enshrined: Larry Fuller (Hunter EMS); Norman Valle (FDNY EMS); and Stephanie B. Potter (Moir Volunteer Fire & Rescue). Please do consider participating and placing an ambulance on the plaza, it is very important to honor our own while at the same time, committing to a show of force to be witnessed by our state elected officials in furtherance of the importance of a community’s EMS system.

Continued.

The BLS Stroke / CVA protocol proposed changes remain in draft form, pending further action due to the loss of a SEMAC Quorum before the protocol could be approved.

State EMS Awards Process is near complete, with applications received by NY State DOH by the May 1st deadline. The PIER Committee once again expressed disappointment that only eleven (11) of seventeen (17) regions, submitted applications, and not all of the submitting regions submitted applications for each category.

The Legislative Committee is monitoring several bills:

Passed a motion to support A03978 / S252A Reimbursement Transportation Costs for Emergency Medical Care without prior approval;
A04213 / S00230 Designate the Month of September of each year as National Firefighter, EMS Provider, and Law Enforcement Appreciation Month.

The Legislative Committee continues to watch the following bills as each has an impact on system operations:

A02733A / S0558 Community Paramedicine Services, which allows certified EMS providers to provide care in other than emergency settings;
A07505 / S05643, Directs the Health Department and the Department of Transportation to promulgate rules for ambulance operations to address EMT fatigue liabilities;
S4384 / no A companion, to allow RNs and LPNs to work alongside EMTs in ambulances without becoming certified EMS providers;
S2770 / no A companion, designating EMS as an Essential Service.

The NY State EMS Memorial will be held on May 23, 2017 at the Empire State Plaza, Albany NY.

Vital Signs Educational Conference and Trade Show will be held October 25-29, 2017 in Rochester NY.

Next SEMAC / SEMSCO meetings will be held September 26-27, 2017.

End of Delegate's Report