

The SEMAC & SEMSCO and Subcommittees Meetings were held on WebEx virtual meetings. Official transcripts and minutes of the meetings will be released at a later date by NYS DOH.

SEMAC and Protocol/Medical Standards Subcommittee -

NYC Adult & Pediatric Anaphylaxis Protocol Protocol update clarified administration of second dose of epinephrine when various providers respond. Motion made and seconded to approve and passed unanimously.

Suffolk County Field Termination of Resuscitation Protocol Motion made and seconded to approve. Question and discussion of variance from Collaborative and NYC Protocols. Requirement for unwitnessed, no bystander administered CPR, no ROSC and no shock delivered were covered. Statement made that Suffolk plans to adopt Collaborative Protocols down the line and that proposed change was pandemic related. Vote taken and motion did not pass.

Adding IV Nitroglycerin to formulary. Medication comes in 250 ml glass vials which are prohibited on ambulances by Part 800.23(c) regulation. There is no ability to waive ambulance equipment or supply regulations. Suggestion made to take some medication out of vial or put vial in plastic container but neither is OK. After additional discussion a motion was made to ask SEMAC to propose to SEMSCO to make emergency regulatory change to Part 800 equipment requirements based on quality patient care. The Motion passed without opposition.

Expanded use of Ketamine use in protocols was raised but not discussed any further at this time. NYC Protocol for ET3 alternative destinations involving inclusion & exclusion criteria for medical behavioral health issues. Item was not shown on agenda but information was included in the package sent out to Committee members. Discussion involved protocols and procedures being separate and regions need procedures appropriate to local resources.

Medication shortages. Amiodarone and Lidocaine and costs for Procainamide. Policy Statement 13-04 mentioned. Suggestion made to review policy, shortages, and formulary and discuss at next meeting.

REMAC administrative action authority. Interim process was implemented at the last SEMAC meeting. There were two (2) summary suspensions since last meeting involving immediate threat to public safety and action was taken within three (3) days.

Extended discussions on providing timely guidance to regions involving pre-hospital setting instances of respiratory distress, cardiac arrest, etc. There were hiccups earlier this year during COVID-19 pandemic spread. Executive Order covers entire state but regional situations vary. Policies and procedures may need to be rolled out as trigger points are reached in different places.

There is a need to see how to handle evolving situations in the future. Approval process through DOH BEMS&TS, Division of Legal Affairs, Public Affairs and other NYS offices will continue. Mention was made of developing set of disaster protocols, including regional trigger points and get approvals but not implement till needed.

SEMSCO -

SEMSCO Chairman Report: Article 78 proceeding involving North Shore Ambulance & Oxygen has been filed and DOH Division of Legal Affairs will do a briefing in October; Commented that TAGs, QI & By-Laws committees have had little movement; BEMS&TS is currently working on ways to increase communications and better organize documents. After evaluating several, a new software platform is to be implemented with information being sent out next week. Positive feedback from first invites. WebEx will continue to be used for virtual meetings; SEMSCO is sending a letter to the DOH Commissioner to express thanks to BEMS&TS for supporting EMS throughout the COVID-19 pandemic crisis; Number of people throughout state have sought to be engaged and involved. We are subject matter experts and need to respond to requests to serve on TAGs and other groups.

1st and 2nd Vice Chair and Executive Committee - No report

Three (3) motions direct from SEMAC -

- Motion to approve substitution terbutaline 0.25 IM prn bronchospasm in ages 12 and above and 0.1 mg/kg/dose in 6-12 YO. May be administered by AEMT EMT-CC and Paramedic Q15- 30minX2. Younger patients and additional dosing would require on-line medical control order. Note: Above wording was displayed on screen and may have been adjusted during discussion including if it should include 0.25 mg
- A motion to affirm: It is within the scope of practice of all EMS providers to administer vaccinations if so trained. Nikolaos Alexandrou, MD commented that agencies that have PODs such as FDNY are not able to participate. Steven Dziura commented that this does not mandate use but to clarify Scope of Practice and does not change an Executive Order.
- A motion to affirm: It is within the scope of an EMS provider, when trained and equipped, to conduct oral and nasal pharyngeal swabbing for testing.

All three motions passed.

Education & Training Committee -

Acting Chair Dr. Jeffrey Rabrich

EMT-CC to EMT-P Bridge Program Update - There are about 1,400 EMT-CCs in state. 10 to 15% are in, or completed, the Northwell Health Bridge Program. No negative feedback. BEMS&T State that the card is same for all EMT-Ps across state.

Director, Bureau of EMS & Trauma Services Report –

Portal exists for Course Sponsor documents; Vouchering process is, or will be, included in Course Sponsor portal; Portal being set up for provider submission of documents; ListServe for Course Sponsors used in the past to disseminate information no longer exists. New ListServe may be developed with one (1) prime contact and one (1) alternate. Closed Facebook group just for educators could be set up. Comment that Google group worked well in the past. Moodle was mentioned. Comment that some organization servers do not allow Facebook.

Question about skill testing scenarios. Answer: In future there may be more realistic pre-hospital testing scenarios, maybe just three (3). Comment that distance learning has opportunities for better simulations. BLS sponsors may not be as experienced as ALS sponsors in this method of skills training.

Question: EMS education shut down in some areas due to schools closing. Can anything be done?
Answer: Discussions ongoing with NYS Economic Development Corporation.

Question: An EMS education site has problem getting PPE for students due to being classed as education rather than EMS organization. Hospitals and field agencies starting to tell Course Sponsors to supply students with PPE. Can anything be done? Answer: This seems to be limited situation.

Reminder that students should be fit tested on whatever N95 they are using; Some COVID-19 pandemic related accommodations being considered for regulatory change; NREMT certification is allowed if provider has passed a practical skills exam.

Deputy Chief, Education Branch, BEMS Report –

Scheduling issues have existed. People have had to call PSI and had trouble getting through, sites shut down due to COVID-19. Issues have been resolved. PSI is using “trouble tickets” to assign and track issues through resolution. Things are moving in the right direction; Test Results. Health Commerce System (HCS) is not showing results in all cases. PSI identified programming issues on their end and hope to resolve everything by end of the week; Exam results are uploaded on at least weekly basis. Course Sponsors are encouraged to send bundles of vouchers rather than one (1) at a time. When PSI is up to date they will be sending multiple test date results to HCS at same time.

Certification cards. Staff is still working from home. Printing cards for new certifications at this time. Those completing re-certifications should keep old cards and update; All Course Sponsor Renewals extended until 12/31/20. Course Sponsor Manual being updated and hoping to eliminate about fifty (50) pages.

BEMS&T Systems Staff Report -

EMS FOR CHILDREN (EMSC) -

Things have been on hold since previous coordinator Martha Gohike left for another position in DOH last year. New coordinator was brought on 8/3/2020. Next EMSC meeting is in September.

STATE TRAUMA ADVISORY COMMITTEE (STAC) -

No report. Next meeting will be in the fall and on-line. ACS has given an extension to trauma hospitals on verification visits. Virtual visits may be substituted for on-site visits.

Staff additions: Edwin Del Valle, Program Associate, Education Branch; Toril Heggen, Secretary, Director's Staff; Christopher Langan, Health Program Administrator Trainee, Operations Section; Genna Van Cort, Unit Chief, Investigations Branch; Lisa Pino, Executive Deputy Commissioner, NYS DOH; Amy Eisenhower, EMSC Coordinator and Liaison to Coverdale Program; Ms. Eisenhower was present on the call and was invited to introduced herself. She is from New Jersey where she has twenty (20) years of experience in EMS as both a career and volunteer provider. She has given educational presentations at national and NYS conferences and written a number of articles. She is part of the Education Team for the NYSVARA PULSE CHECK 2020 virtual educational; conference coming up in September.

Operations –

Weekly calls for EMS leadership were implemented in the early weeks of COVID-19 pandemic but have been reduced to bi-weekly as things stabilized. Nation Ambulance Contract (NAC) was implemented which brought three hundred and fifty (350) ambulances and one thousand two hundred (1,200) personnel into NYS for two (2) months. The group handled thirty thousand (30,000) calls. Bureau staff were deployed across the state at the Javits Center in NYC, in Westchester County, at the Nursing Home and Hospital Coordination Centers and NAC staging points in NYC. EMS resources were mobilized to conduct COVID-19 swabbing at nursing homes. Working on processing CON renewals including Controlled Substances licenses. Working on COVID-19 policy in such a way agencies can respond based on what is happening locally or in their regions or phase of emergency. Responding to questions on Executive Orders. Working on all sorts of guidance including Department of Motor Vehicles issues.

EMS Memorial service in 2021 will be 5/18/21.

Data and Informatics -

Working on new communication and document sharing software for SEMAC & SEMSCO. One new tool is <https://app.boardable.com>. Working on a portal for electronic submission of paper PCR's direct to DOH instead of mailing them to Regional Program Agencies. 50% of EMS agencies, mostly smaller ones, still use paper PCR's. BLS-FR documentation standard is coming. It will require less information than transporting agency standard. Update to ALS ambulance documentation standard will be coming in next couple of months. Data standards will be posted on website. Quality metrics reports to be coming soon. Developing an APP for protocols which will include statewide, collaborative and regional (NYC, Nassau & Suffolk).

Education -

Weekly calls for Course Sponsors were implemented in the early weeks of COVID-19 pandemic but were reduced to bi-weekly as things stabilized. BEMS&TS thanks Course Sponsors and CICs for flexibility and innovation in continuing courses during pandemic and social distancing requirements. Computer Based Testing (CBT) and Remote Proctoring were implemented. There were issues with PSI such as scheduling and which sites were open and other things, some of which are still being worked on. PSI has provided a dedicated phone number for DOH to report problems. A problem on the PSI end with test results not being passed on to the Health Commerce System (HCS) has been identified and is being corrected. Operational forms are being converted to an electronic format. Staff is still working remotely and new certifications cards are being issued but renewal certifications are not being sent new cards. Can verify on the Health Commerce System printout to document their new expiration date.

New cards will not be printed at this time for those who had their certifications extended by one (1) one year. They can also obtain a printout from Health Commerce System (HCS) to document their new expiration date.

Course Sponsor Manual is being revised and shortened. Course Sponsor authorizations were extended through 12/31/2020. Education guidance document being worked on.

Finance -

Working on thirty-eight (38) contracts for Program Agencies, REMACs and REMSCOs. Contracts are also administered for the COVID-19 testing sites around the state.

VITAL SIGNS Academy -

Program is going strong. Offering live CME presentations five (5) days a week, Monday through Friday. Five thousand (5,000) CME hours have been accumulated by providers.

VITAL SIGNS Conference -

Decision has been made to go virtual in 2020. There will be two (2) days of four (4) hours each devoted to CME presentations on mandatory non-core subjects. Live conference in 2021 will be November 11th through November 14th in Saratoga Springs, NY.

Comments at SEMSCO meeting: I thanked Director Ryan Greenberg and his staff for their continued work on the Course Sponsor switch to electronic submissions and other progress during the COVID-19 pandemic. Their work was tremendous. Al Lewis commented that Ryan Greenberg, Steve Dziura and team accomplished a lot through the COVID-19 pandemic period. Teri Hamilton thanked Ryan Greenberg for not letting the annual EMS Memorial go by without being recognized.

Systems Committee -

Appeal of REMSCO of NYC decision to deny ambulance operating authority to Chasdei Devorah, Inc., d/b/a Ezras Nashim.

Chair stated State EMS Council (SEMSCO) has authority to amend, modify or reverse decision. Chair reviewed ground rules for the subcommittee. This is not a de-novo proceeding. New information may not be considered. Only subcommittee members may speak.

Yedidyah Langsam made a statement regarding no conflict of interest and misinformation about him.

Al Lewis made motion that committee bring forth seconded motion to SEMSCO:

“To uphold REMSCO of NYC decision to deny ambulance operating authority to Chasdei Devorah, Inc., d/b/a Ezras Nashim in the Borough Park section of Brooklyn in Kings County.”

Jason Haag for purposes of discussion seconded the motion.

Chair verbally reviewed history of CON application and opened discussion period.

Al Lewis commented on a number of reasons for his motion to uphold the REMSCO of NYC decision. These included numerous ambulance services (14) covering the area in question and setting people up for failure.

Jason Haag commented some items previously mentioned need not be considered and choice falls under local factors that are to be considered.

Yedidyah Langsam commented on behalf of REMSCO of NYC. If applicant feels they are being discriminated against they can pursue judicial remedy. He mentioned other possible reasons that would not be acceptable for a new ambulance service. Policy Statement 06-06 was followed. David Violante raised question of how to move issue forward with motion in the affirmative. Chair indicated seconded motion was in the affirmative to uphold REMSCO of NYC decision to deny CON.

Motion did not pass.

A motion (after several clarifications) worded as:

“A motion to reverse the decision of the New York City REMSCO and uphold the recommendation of the ALJ for the issuance of a CON to Chasdei Devorah, Inc., d/b/a Ezras Nashim.”

Motion passed.

Safety Sub-Committee -

Bryan Brauner is Chair of the Part 800.24 TAG. He is Chief Executive Officer of Twin City Ambulance in Amherst, Erie County (bryan.brauner@tcaems.com)

Question: Is the use of a simple chart format possible? Answer: Yes.

TAG Chair covered a number of potential changes. Discussion included immobilization, restraints, splinting device types, AED capability, pediatric equipment airways/collars, thermometers, tourniquet types, hemostatic gauze, CO monitors, urinals, jump bags, specific airway sizing, etc.

Discussion of REMAC establishment of ALS medication and equipment requirements. Discussion of DOH authority (Statement of Deficiency) to enforce regional requirements. Expiration dates on ALS medications and functionality of ALS equipment is checked on inspections.

Discussion of ceiling vs. floor for requirements and potential future service levels.

Ryan Greenberg mentioned that numbers have been brought down from prior versions and also indicated there should be requirement in regulations that personnel on ambulance be able to operate equipment. Can't point to a manufacture as an endorsement or name specific devices. Need to look into how to describe devices. Mark Philippy commented that Part 800.24 changes are close to publication but one (1) more TAG meeting is needed. Mark Philippy made a motion:

"To endorse the efforts of BEMS&TS to develop a waiver process for Part 800 of Title 10 NY regulations to be presented to the SEMSCO for ratification and approval by Division of Legal Affairs."

Motion was seconded and approved.

Legislative Sub-Committee -

Update on legislation to reimburse ambulance agencies electing to participate in Treat and Release and Alternate Destination Programs. Steve Dziura will look into. Discussion pertaining to Telemedicine related legislation including all EMS Agencies to include reimbursement for services. Steven Kroll reported ET3 Program is on hold. Medicaid managed health care plans have some authority to pay but status is unknown. Comment that alternate destinations have been approved in at least some regions but it is unknown if any EMS agencies are participating or if any plans are paying. It is not COVID-19 dependent. NAEMT is working on a 2021 legislative package for treat at home and financial relief.

Legislation proposed for discussion -

S8196 - Establish a tax credit for first responders during the novel coronavirus, COVID-19 outbreak. Sponsored by Joseph A. Grippo, 47th SD. Status: Referred on 4/13/2020 to Senate Budget and Revenue Committee

S3526 - Authorize payment to non-participating providers of ambulance services licensed under Article 30 of the Public Health Law. Sponsored by Neil D. Breslin, 44th SD. Involves direct payment to ambulance services. There is no cost to NYS. Agencies have had reduced transports due to COVID-19 pandemic concerns. Status: On floor calendar having advanced to 3rd reading on 3/4/2020.

S8034 - Establish a Pilot Program for the prevention and treatment for traumatic stress on volunteer first responders. Sponsored by Monica R. Martinez, 3rd SD. Status: Referred on 3/11/2020 to Senate Finance Committee.

S8608A/A10629 - Establishes the Frontline Workers Trauma Informed Care Advisory Council to connect frontline workers impacted by COVID-19 to evidenced-based trauma-informed support resources and learning opportunities. Sponsored by David Carlucci, 38th SD. Status: Passed Senate 7/23/2020 and returned to Assembly. Related Assembly bill was sponsored by Aileen M. Gunther, 100th AD. Status: On 7/23/2020 it was returned to Assembly.

Finance Sub-Committee -

Course Sponsor Survey -

Report was shared with Bureau of EMS & Trauma Services staff which will be working on getting survey results out after the SEMSC-SEMSCO meetings. Some discussion of the implications of COVID-19 on EMS agency finances. Mark Philippy commented that funding and staffing are linked. Comment that people in certain high risk groups or are caregivers for high risk individuals did not ride during pandemic. Some agencies have taken out loans for PPE that may be converted into grants. FEMA reimbursement funding is still available to some agencies. Thomas Pasquarelli raised question about getting above questions out to agencies. Distribution of a survey was discussed. Broad distribution throughout state is desirable and maybe look into a simple Word document for a presentation to SEMSCO. Question about budget line for next year. Ryan Greenberg commented that current year is quarter by quarter.

Next SEMAC & SEMSCO Meetings - Tuesday 11/17/2020 and Wednesday 11/18/2020 as virtual meetings rather than in-person meetings.

The preceding information was compiled from the attendance at, and the collaboration of other individuals present at this meeting.

End of Report