



New York State
Volunteer Ambulance
& Rescue Association Inc.



THE BLANKET Special Edition SEMSCO & SEMAC Meetings - January 2021

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THE BLANKET

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NYS DOH
State Emergency Medical Services Council
(SEMSCO)
and
State Emergency Medical Advisory Committee
(SEMAC)
Meeting Notes - 1/12/21 & 1/13/21

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

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



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



Mark Philippy, Chair

Call to order at 11:35 AM.

Meeting being recorded announcement played.

Pledge of allegiance was led by Ryan Greenberg.

Roll call conducted and quorum of members is present

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

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

CORRESPONDENCE REPORT

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

Chair Report

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

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

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

Stephen Cady, 1st Vice Chair

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

Michael McEvoy, 2nd Vice Chair

- No report

BUREAU OF EMS AND TRAUMA SYSTEMS

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

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

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

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

8. *Seconded Motion from Medical Standards to approve the NYC Vaccination protocol as presented with changes to allow flexibility in need size and length.*

- a. *#4 bullet 3 – change “shall” to “should” and at the end add “or manufacturers recommendation”. May amend the language.*

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

I-GEL Supraglottic Airway Pilot Project

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

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

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

Motion to approve the pilot project was passed without opposition.

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

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

EXECUTIVE COMMITTEE

- No report.

EDUCATION AND TRAINING SUB COMMITTEE, Michael McEvoy, Chair

See separate section on Sub Committee meeting for additional information.

Training & Education Sub Committee presented a seconded motion:

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

Motion passed without opposition.

FINANCE COMMITTEE, Steven Kroll, Chair

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

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

SYSTEMS COMMITTEE, Patricia Bashaw, Chair

- There has been no activity.
- No report

LEGISLATIVE COMMITTEE, Al Lewis, Chair

Discussion covered:

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

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

SAFETY COMMITTEE, Mark Philippy, Chair

See separate section for additional information on the Committee meeting.

Seconded motion comes from the committee as shown below:

Date January 12, 2021

Sub-committee Safety

Chair Mark Philippy

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

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

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

Roll call vote was conducted and motion was passed without opposition

EMS for CHILDREN (EMSC) Amy Eisenhauer, Program Manager

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

STATE TRAUMA ADVISORY COMMITTEE (STAC), Ryan Greenberg

- 1/21/21 virtual meeting is scheduled.

OLD BUSINESS

None.

NEW BUSINESS

None.

UPCOMING MEETINGS

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

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



Donald Doynow, MD, Chair

Meeting started at 9:06 AM
 Meeting being recorded announcement was played.
 Ryan Greenberg led the Pledge of Allegiance.
 Roll call conducted - 15 voting members present
 Moment of silence observed in memory of those lost in pandemic.
 Motion was made, seconded and passed without objection to approve the 8/13/20 meeting minutes.

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

MEDICAL STANDARDS SUB COMMITTEE, Lewis Marshall, Chair

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

Eight (8) seconded motions were presented:

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

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

4. Seconded Motion from Medical Standards to approve changes to the Collaborative Nausea protocol to include patient self-administration of isopropyl alcohol inhalation in the treatment of nausea.

a. The committee discussed literature supporting this practice.

5. Seconded Motion from Medical Standards to approve changes to the Collaborative Excited Delirium protocol adding the use of waveform capnography to all patients who require sedation when safe and feasible.

a. The discussion centered on the safety of patients who require sedation due to excited delirium. The committee discussed some of the equipment available such as nasal cannula that measure waveform capnography.

6. Seconded Motion from Medical Standards to approve changes to the Collaborative Epistaxis protocol as presented.

a. The concern raised about epistaxis in trauma was noted to be covered by the Key Points/Considerations section.

7. Seconded Motion from Medical Standards to approve changes to the Collaborative Airway Management and oxygen Administration to maintain O2 Sat at or above 92% and require a viral filter for all patients with a supraglottic airway or ETT.

8. Seconded Motion from Medical Standards to approve the NYC Vaccination protocol as presented with changes to allow flexibility in need size and length.

a. #4 bullet 3 – change “shall” to “should” and at the end add “or manufacturers recommendation”. May amend the language.

Discussions on each motion were none or minimal.

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

EDUCATION & TRAINING SUB COMMITTEE, Michael McEvoy, Chair

See separate section on Sub Committee meeting for additional information.

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

Sub committee discussed project at length and had 4 points for SEMAC and SEMSCO:

1. Highly encourage use of electronic reporting and possibly requiring use of ePCR system so data can be collected in a standardized fashion.
2. Extending project to a larger base rather than just 1 or 2 agencies would allow for collecting more data more quickly.
3. Emphasized need for waveform capnography as a component of the project.
4. Quality assurance process should require confirmation of placement by another provider such as ALS or ED physician.

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

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

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

- **IMPLEMENTATION OF NATIONAL AEMT EDUCATION STANDARD**
 Letter was received North Country region asking for a delay in the 1/1/21 implementation date of the national AEMT education standards.
 Motion was made and seconded to:
Delay implementation of move to National AEMT educational standards until such time as the Bureau can make the necessary changes to protocols, exams and curricula.

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

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

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

STATE TRAUMA ADVISORY COMMITTEE

- No report.

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

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

OLD BUSINESS

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

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

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

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

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

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

Meeting began at 8:07 AM.

Recorded announcement of meeting being recorded was played.

Roll call of attendance was taken.

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

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

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

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

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

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

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

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

3. Revisions to the Collaborative Trauma: Hemorrhagic Shock – Adult protocol to add Tranexamic Acid infusion and blood transfusion of 1 unit Type O-negative.

Existing protocol with the proposed change(s) highlighted was put on the screen.

Discussion covered Tranexamic Acid as a medical control option and endorsed by a sub group including members of the STAC. Upstate trauma surgeons asked for addition of blood mainly for air medical and ground agencies appropriately trained and credentialed. There were comments about gynecological bleeding and gastrointestinal bleeding that are not traumatic but that would be a separate protocol. There is a need for regional approval and all of the changes may not be approved at higher levels.

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

4. Changes to the Collaborative Nausea protocol to include patient self-administration of isopropyl alcohol inhalation in the treatment of nausea.

Existing protocol with the proposed changes highlighted was put on the screen.

Discussion covered that this treatment has worked well in triage areas of EDs, have had better outcomes and has been covered in medical literature in other fields back to 1998. Comment that there is little potential for harm.

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

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

Existing protocol with the proposed wording change(s) highlighted was put on the screen.

Discussion indicated that change clears up a clerical error omitting the requirement for end tidal CO₂ on patients who have been sedated and placing the patient on waveform capnography when it is physically possible to do so. When using pharmacological sedation as much physiologic information as possible is desirable.

Pulse oximetry and other forms of monitoring are done on a regular basis but not always capnography. It is already required for intubated patients. Use of nasal prongs was mentioned. "In addition to standard monitoring" will be added to wording.

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

6. Changes to the Collaborative Epistaxis protocol as presented.

Existing protocol with the proposed wording change(s) highlighted was put on the screen. This is a new protocol. Discussion covered situation where patient simply pats nose that is dry and cracked & gets a nose bleed. Patient sits upright with head leaning forward, pinches nose at the highest area of soft tissue for at least 20 minutes, spits out any blood in oropharynx and may be instructed in personal use of suction for the oropharynx if able to assist. There were also instructions for ALS treatment. Comment was made that care givers be aware this is a potentially messy BBP situation and use appropriate PPE including face shield and gown. Cervical spine considerations are covered in Key Points/Considerations.

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

7. Changes to the Collaborative Airway Management and Oxygen Administration to maintain O2 Sat at or above 92% and require a viral filter for all patients with a supraglottic airway or ETT.

Existing protocol with the proposed wording change(s) highlighted was put on the screen. There were discussion or comments.

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

8. Approve the NYC Vaccination Administration Guidelines (Adult and Pediatric) protocol as presented with changes to allow flexibility in needle size and length.

Protocol wording was posted on the screen. It covers weights, needle sizes, needle lengths, required documentation, reporting requirements and an Appendix I covering COVID-19 and emergency use authorization.

Discussion covered the explicit instructions on needle gauge and length sizes that shall be used. Availability usually depends on what federal government supplies and one POD reported 1 needle size and 5 different types of syringes were supplied. There are currently national shortages on needles and syringes. Maybe wording would be better with “should” rather than “shall” so as not to get boxed in. Comments continued about the good range of needle sizes, ranges available and similarity with DOH training for vaccinators. Ryan Greenberg indicated NYC vaccinators still need to go through the state vaccinator training. Dr. Michael Dailey commented on the need to “get it done” during this pandemic.

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

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

FINGER LAKES REGIONAL EMS SPECIALTY CARE TRANSPORT PROTOCOLS

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

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

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

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

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

EMT-CC TO PARAMEDIC BRIDGE PROGRAM, Ryan Greenberg Commenting

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

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

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

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

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

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

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

IMPLEMENTATION OF NATIONAL AEMT EDUCATION STANDARD

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

EMT-P PRACTICAL SKILLS EXAMS

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

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

Meeting started at 10:51 AM.
Announcement of meeting being recorded was played.
There were 21 panelists on the call plus the public audience.
Roll call of committee members was conducted.

COURSE SPONSORSHIP FUNDING SURVEY

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

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

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

COURSE TYPES

Original Courses

- CFR Original
- EMT-B Original
- EMT- B Refrsher
- AEMT- Original
- AEMT Refresher
- EMT-P Original
- EMT-P Refresher

CME Refresher

- CFR CME Refresher
- EMT-B Refresher
- AEMT Refresher
- EMT-P refresher

Rapid Recert Program

- EMT-P Refresher

Instructor Courses

- Skills Screening
- CIC
- CLI
- Instructor Update

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

Summary of Changes & Corrections Since Last Work Group Discussion

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

Aspirin blister packs can be substituted for an aspirin bottle.

Intranasal glucagon was removed from BLS standards.

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

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

BLS EASV is a vehicle.

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

Discussion points for today:

1. Require naloxone, albuterol and nebulizer for BLSFR?

Discussion covered albuterol and nebulizer would require oxygen for BLSFR, naloxone, albuterol and CPAP are regional options and require expenses and paperwork and Collaborative protocol change.

2. Require oxygen for BLSFR?

3. Require infant BP cuffs?

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

EXCEL spreadsheets exist covering the specifics on:

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

Proposed Legislation

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

S3526 - A6211 (2019-2020 Session)

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

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

S8041 – A10172 (2019-2020 Session)

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

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

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

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

S8650 – A10689 (2019-2020 Session)

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

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

S341 – A1184 (2021-2022 Session)

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

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

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

Passed Legislation

S9608A - A1629A (2019-2020 Session)

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