

NYS DOH BUREAU OF EMS INFORMATION

SEMSCO/SEMAC meetings are scheduled for 10/2/13-10/3/13 and 1/14/14-1/15/14. Location continues to be the Hilton Garden Inn in Troy, NY

NYS DOH Office of Government Affairs held a meeting on 5/15/13 to discuss the ongoing proposed changes to Article 30 which were not included in the final state budget the past two years. The unannounced invitation only meeting was attended by representatives from various stakeholder groups such as Regional EMS Councils and EMS and fire associations. It lasted only about an hour and follow up meetings will be scheduled.

According to a NYC REMAC Advisory issued 4/5/13 the NYS DOH views “the model of a Free-Standing Emergency Department with the ability to manage General Emergency Department (GED) patients – which is the majority of the EMS patient population, may have a positive impact on ED over crowding and ambulance turnaround times”. GED patients are limited to non-critical, non-specialty referral, adult patients. The Advisory was issued in connection with Westchester Square Medical Center in the Bronx being acquired by Montifiore Hospital and transitioning into a Free-Standing Emergency Department. In the recent past, NS-LIJ Lenox Hill assigned two of its in-patient beds to a facility opened on the St. Vincent’s site in lower Manhattan when it set up a similar GED at the location. A NYS DOH requirement to actually station non-911 ambulances at a GED only location appears to have been dropped.

County EMS Coordinators on the NYS DOH list were sent an e-mail in mid April asking that they reply whether or not they are officially in that position or functional equivalent. Attached was an information sheet asking for 24/7 contact information. County EMS Coordinators and their contact information is listed on the NYS DOH web site, however, some information is outdated or coordinators are not carrying out their duties. One downstate county has a person listed who retired from his official position several years ago. Another downstate coordinator and predecessor have never passed on any information since designated.

Counties have the option of creating the position. The duties and responsibilities of the position are covered by NY County Law, Article 5, Section 223-b: EMS Training and Mutual Aid Programs and also include catch-all EMS related activities. Some counties have developed specific Position descriptions. For NYC’s 5 Boroughs for years there was no designated coordinator until, based on a knowledgeable source, the FDNY’s Chief of EMS at the time insisted on being designated.

Additional information on the position was covered in BLANKET 2012 Issue #3

Basic Life Support First Response organizations seeking NYS DOH recognition and assignment of an EMS Agency Code are supposed to be reviewed based on requirements laid out in Policy Statement 06-04 BLS-FR Services Information issued 5/22/06. Assignment of an Agency Code to a BLS First Responder organization is not needed but is beneficial as it enables members to receive CFR, EMT and AEMT training paid for by New York State. One of the requirements in 06-04 is to “Document being publicly dispatched and providing primary EMS response on a regular and ongoing basis to public emergency medical needs, as defined by 3001(l) of the Public Health Law.” In a recent case in New York City, an organization was granted a code number despite its emergency number having limited distribution through religious based organizations. A written request for clarification was sent to the DOH and a verbal reply was that decisions are made on a case-by-case basis.

Clarification was requested from the Bureau of EMS on newly established co-requisites for basic students and recertifications. These courses are:

- ICS 100 Introduction to Incident Command System
- ICS 200 Incident Command System for Single Resources and Initial Action Requests
- ICS 700 National Incident Management System, An Introduction
- 1st Responder HazMat Awareness

Reply was that they are allowing course sponsors to accept any of these courses completed since 2001 to meet the requirements – the courses just need to meet the National Standard EMS Curriculum

requirements. HAZWOPER is not required – the requirement is for 1st Responder HazMat Awareness Level that meets current OSHA requirements 29 CFR 1910.120 (q)(6)(i). The required courses are available free on the Internet. ICS courses are on the FEMA web site at <http://training.fema.gov/IS/NIMS.aspx> and a 1st Responder HazMat Awareness course is at www.saferesponse.com. The time required for each online course is listed as 3 hours but can actually be completed in substantially less time. The Bureau is still reviewing whether or not or how often this training will need to be completed again. Official indicated “I don't feel that it is something that needs to be done every 3 years, but there will eventually be some limit on it.”

MidstateEMS Regional EMS Council in Utica posted a notice on 3/13/13 advising “Pursuant to conversations with NYS Bureau of EMS, they will not approve any AEMT-Intermediate CME programs or Rapid Recertification programs going forward. Any AEMT-Intermediates currently certified who will lapse before June 30, 2014 will have to recertify as a Basic EMT and then attend the new AEMT program, when it becomes available.”

Public Health and Health Planning Council on 4/11/13 voted to amend the Rules and Regulations of the State of NY to require certain health care providers to wear a surgical or face mask while on the job during an influenza season. The requirement applies to unvaccinated personnel employed or affiliated with a healthcare or residential facility or agency, whether paid or unpaid, who engage activities such that if they were infected with influenza, they could potentially expose patients or residents to the disease. The requirement applies to hospitals, home health agencies long term care facilities and hospices. The new requirement would go into effect only after final approval by the NYS DOH and a Notice of Adoption appearing in the New York State Register. At this time only personnel with ambulance services operated by hospitals would be covered by the amendment but any EMS agency could establish a corresponding requirement. For more information go to http://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2013-04-11/docs/flu_regulation.pdf

State EMS Council (SEMSCO)/DOH in mid May sent a survey to approximately 200 Critical Care and Paramedic level services statewide that NYS DOH has on record as not carrying controlled substances. SEMSCO and Bureau of EMS are asking that certified ambulance services and ALSFRs that do not hold a current 3C controlled substance license respond to the survey and do so prior to 7/31/13. At the January State Emergency Medical Advisory Committee (SEMAC) meeting a motion was brought forth to require all ALS agencies to have the capability of administering controlled substance medications for pain management, sedation and seizure control by 8/1/14 or lose their ALS status. Subsequently, at the SEMSCO meeting it was pointed out that before the motion could be approved there had to be an evaluation of the financial and systems impact the requirement would have on EMS agencies. About 400 services already have controlled substance licenses. There is mixed reaction to the proposal. Some regions are almost fully compliant while others only have a few agencies carrying controlled substances and are actively opposing the requirement.