

# Nassau Regional Emergency Medical Services Council

## Advisories

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<u>Advisory#</u>	<u>Subject</u>	<u>Issued</u>	<u>Effective</u>
11-02	Fire Service Academy and Mutual Aid EMS Coverage	6/06/11	6/06/11
12-08	Required Equipment	8/15/12	8/15/12
14-10.1	Regional Response and Operation for Suspected Ebola Virus Disease (EVD)	11/29/14	11/29/14
14-10.2	Regional Dispatch for Suspected Ebola Virus Disease (EVD)	10/29/14	10/29/14
15-08.1	SNCH Off Campus Emergency Department	8/05/15	8/10/15
16-06.1	Trauma Center Bypass	6/15/16	6/15/16
17-07.1	Trauma, Burn, and Re-implant Centers	7/18/17	7/18/17

# Nassau Regional Emergency Medical Services



<b>Advisory</b>	<b>Trauma, Burn, and Re-implant Centers</b>	<b>17-07.1</b>
		<b>Issued: 7/18/2017</b>

In an effort to reduce the confusion over trauma patient transports, the following is the list of trauma and specialty related receiving hospitals in the Nassau region;

## **Adult Trauma**

- North Shore University Hospital Manhasset
- Nassau University Medical Center
- Winthrop University Hospital
- South Nassau Communities Hospital

## **Pediatric Trauma**

- Winthrop University Hospital
- Steven and Alexandra Cohen Children's Medical Center

## **Burn Center**

- Nassau University Medical Center

## **Re-Implant Centers**

- Winthrop University Hospital
- North Shore University Hospital Manhasset
- Nassau University Medical Center

This list is subject to change as Trauma Receiving Hospitals transition from NYS DOH credentialing to the American College of Surgeons standards. The REMSCo is working with all of our regional hospitals to provide updates to our EMS agencies.

Gary Ferrucci  
Chairman

This Advisory supersedes Advisory 16-02.1.



# Nassau Regional Emergency Medical Services Council

<b>Advisory</b>	<b>Trauma Center Bypass</b>	<b>16-06.1</b>
		<b>Issued: 6/15/2016</b>

This advisory is to clarify an issue of apparent misunderstanding as it relates to Trauma Receiving Hospitals. There appears to be a belief that trauma patients **must** be taken to the **highest** level trauma center as per protocol. The standards for the provision of clinical care to injured patients for Level I/Regional and Level II/Area trauma centers are identical.

All EMS personnel are advise that they should not be bypassing a trauma center based upon its “level” designation since the trauma centers in Nassau are either Level I or Level II trauma centers.

In the case of pediatric trauma, those patients should be diverted to a designated pediatric trauma center.

Any patient suffering an amputation, where replantation may be possible, should be diverted to either North Shore Manhasset or Winthrop, since both of these facilities are capable of handling replantation.

Scott Glazer  
Chairman

# Nassau Regional Emergency Medical Services



<b>Advisory</b>	<b>SNCH Off Campus Emergency Dept.</b>	<b>15-08.1</b>
		<b>Issued: 8/05/2015</b>

We are currently anticipating the opening of the new South Nassau off campus hospital based free standing emergency department in Long Beach. It had been previously delayed and is now anticipated in early August.

- Located at: 325 East Bay Drive, Long Beach NY
- The REMAC previously issued an advisory (15-06.1 dated 6/15/15) indicating the patient subtypes that cannot be accepted at the new facility.
- This is a 911 receiving facility as designated by the NYS DOH and a PCR must be left with each patient as in other receiving facilities.
- All current transport decision policies and protocols remain in effect regarding trauma patients, strokes and other specialty diversions.
- All notifications and inquiries will be through **Nassau Medical Control** per current procedures.
- This facility will have limited restock capabilities, please limit to only those supplies utilized on transports to this facility.
- South Nassau offered and did conduct familiarization walkthrough's for local EMS agencies. If you need to schedule one for your agency, please contact SNCH or the REMSCo office ASAP.
- The PCR disposition code is: **708**

Please feel free to contact the REMSCo office for any questions or additional information.

Scott Glazer  
Chairman  
Nassau Regional EMS Council



# Nassau Regional Emergency Medical Services

## Council

Policies	Regional Dispatch for Suspected Ebola Virus Disease (EVD)	Policy 14-10.2 Page 1 of 2
Reviewed:		Approved: 10/28/14
		Effective: 10/28/14

**Purpose:**

To establish procedures for response to, and mitigation of, suspected Ebola Virus Disease (EVD) assignments, while minimizing provider exposure.

**Scope:**

All Nassau EMS Providers (Career EMS Services, Volunteer Fire Departments, Volunteer Ambulance Corps and other First Response Agencies) who provide prehospital emergency medical treatment in this region.

**Procedure:**

- Dispatch: Based on current guidelines, a telephone triage algorithm shall be utilized to assist in the identification of potential or suspected EVD patients.
- Response: When a Fever/Travel (F/T) call type has been identified, the dispatcher shall immediately notify the Nassau County Police Department (NCPD). Nassau County Police will dispatch the closest/appropriate NCPD Emergency Ambulance Bureau (EAB) unit to respond to Fever/Travel assignments, in lieu of a volunteer service provider(s).
- On-Scene:
  - If a volunteer Fire/EMS Service responds to a location and encounters a patient that meets the F/T call type criteria, and the assignment was not initially designated as such, the crew shall:
    - Maintain a safe distance.
    - Don appropriate PPE.
    - Request the immediate response of the NCPD Emergency Ambulance Bureau (EAB).
  - The volunteer Fire/EMS Service personnel shall take the following actions:
    - Stable Patient: Crews should await the arrival of NCPD EAB at a safe distance.
    - Unstable Patient: After PPE has been donned, the crew should initiate patient care.
    - All patients: **Crews should limit the amount of personnel who make patient contact, or remain in or around the immediate patient environment.**
  - Upon arrival, NCPD EAB resources shall assume patient care. The initial responding unit will assume a supportive role for NCPD EAB units.
  - Once the NCPD EAB unit has assumed patient care responsibilities:
    - If no patient contact was established, the volunteer Fire/EMS Service personnel unit shall doff their PPE only after it has been determined that the NCPD EAB will not require their assistance, and patient transport to hospital has been initiated.

# Nassau Regional Emergency Medical Services Council



Policies	Regional Response & Operation for Suspected Ebola Virus Disease (EVD)	Policy 14-10.1 Page 1 of 2
Reviewed:		Approved: 10/28/14
		Effective: 10/29/14

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# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>Regional Response &amp; Operation for Suspected Ebola Virus Disease (EVD)</b>	<b>Policy 14-10.1</b> Page 2 of 2
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- If patient contact has been established, the potentially exposed Fire/EMS Service personnel shall ride in the NCPD EAB ambulance to the hospital, and await decontamination/doffing direction from hospital personnel.
- *Note: In this instance, it is important to not potentially infect a second ambulance or other emergency vehicle.*
  
- Operations:
  - Personnel shall maintain body substance isolation (BSI) and don their appropriate personal protective equipment (PPE) prior to making any patient contact.
  - Patient Assessment and treatment shall be initiated in accordance with all local and State policies, protocols and procedures.
  - All Providers should remain vigilant of the potential for exposure to bodily fluids, and protect themselves accordingly.
  
- Transportation:
  - Patients should be transported to the closest, appropriate ambulance receiving hospital.
  - Immediate notification to Medical Control MUST be made in ALL suspected EVD cases.
  - Once at the hospital, the patient should NOT be delivered into the hospital until directed to do so by hospital personnel.
  - EMS Crews shall remain outside the hospital while awaiting instruction from hospital staff.
  - Hospital personnel will be responsible for patient transfer, as well as the supervision of decontamination and PPE doffing.
  - *Note: Do not enter hospital with donned PPE or other potentially infected equipment.*

*EMS Providers must understand that this Advisory is subject to change as additional information becomes available.*

*Volunteer Fire or EMS Personnel are not exempt from training or preparing for care or transportation of EVD patients, in accordance with the NYS Commissioners Public Health Order, and must remain vigilant at all times to the possibility of encountering infected patients.*

*This Advisory does not replace or supersede any policies or protocols administered by The New York State Department of Health.*

# Nassau Regional Emergency Medical Services



Advisory	Required Equipment	12-08
		Issued: 8/15/2012

The REMAC and REMSCo require that all in-service ambulances carry the following:

- **Epinephrine Auto-injectors**
- **Glucometer** (ALS only) – Agencies are reminded that they must obtain a limited lab license from the NYS DOH **before** you can operate the glucometer. The REMAC has NOT established a training program or protocol for BLS personnel to utilize glucometers and Agency Medical Directors are not authorize to allow BLS personnel to use them.
- **Pulse Oximeter** <sup>1</sup>
- **Automated External Defibrillator (AED)** <sup>2</sup>

<sup>1</sup> = The use of a manual defibrillator with pulse oximetry capability meets this requirement.

<sup>2</sup> = The use of a manual defibrillator which has the ability to be and is set in an AED mode for BLS use meets this requirement.

Agencies shall insure that BLS personnel are trained on how to use this equipment and to verify, before use, that a manual defibrillator is set in the “Automated” mode.

In addition, the NYS Bureau of EMS, in Policy 10-01 mandated that the following equipment must be carried on ALL in-service ambulances:

- **Epinephrine Auto-injectors** (see BEMS Policy 11-08 for requirements)
- **Automated External Defibrillator (AED)**

For the record – there is **NO** mandate or deadline for agencies to have 12-lead monitors at either the State or Regional level. However, the REMSCo has previously recommended that any agency contemplating upgrading or replacing their current equipment to seriously consider a move to a 12-lead model.

The State has declared that 12-lead equipment is the “Gold Standard” for pre-hospital emergency care and is currently developing standards for facility designation as S-T Elevation in Myocardial Infarction (STEMI) receiving facilities (similar to stroke receiving designation), this may result in a deadline by which all ALS agencies will be required to have 12-lead equipment.

If you have any questions, please feel free to contact the REMSCo office.

Scott Glazer  
Chairman



# Nassau Regional Emergency Medical Services



<b>Advisory</b>	<b>Fire Service Academy and Mutual Aid EMS Coverage</b>	<b>11-02</b>
		<b>Issued: 6/06/2011</b>

The Nassau Regional EMS Council has approved the Plainview Fire Department's letter of agreement in regards to EMS Coverage during training evolutions at the Nassau County Fire Service Academy.

Agencies participating in training at the Fire Service Academy are encouraged to bring and utilize their agency EMS assets during these evolutions. The participation of agency EMS assets will allow for training and coordination of NFPA required incident rehabilitation (*refer to Nassau REMAC Advisory 08-12.1 for further information*), integration of EMS and Fire resources in an actual incident setting under ICS and provide prehospital care and transport in the event of an injury or illness.

This letter of agreement allows agencies participating at the Fire Service Academy to operate under a mutual aid request to the Plainview Fire Department and complies with the requirements for mutual aid and operations outside of an agency's designated operating area as stated in the New York State Public Health Law, Article 30.

Please contact the REMSCo office for any questions or additional information.

Scott Glazer  
Chairman  
Nassau Regional EMS Council