Nassau Regional EMS Council

Advanced Life Support

Policy – Procedure - Protocol Manual

Section I – Policies - Table of Contents

* = Recent Addition

Nassau Regional Emergency Medical Services

Policies	Introduction	Policy I.A
	Reviewed: 8/08/2007	**Approved:** 2/6/2008
		Effective: 3/01/2008

The Nassau Regional Emergency Medical Service's Advanced Life Support Protocols and Procedures have been approved by both the Nassau Regional Medical Advisory Committee and the Nassau Regional Emergency Medical Services Council Inc. They are to be used as a guide and a reference for all EMS personnel in their delivery of care. They represent both the standard New York State D.O.H. course curricula and current research and thinking in Emergency Medicine.

BLS providers are to use the New York State BLS Protocols which have been adopted by the Nassau Regional Medical Advisory Committee (REMAC).

The EMS provider is an extension of the physician and these policies are an integral part of the EMS system. Although much time and effort went into the development of these protocols, policies, and procedures, situations may arise which are not covered in this manual, when such a conflict or question arises, Medical Control is to be used as a resource. In the event of communication failure, standing orders should be combined with the providers training and judgment to deliver care which is both appropriate and within the scope of the providers training and certification.

Medical Control physicians have the discretion to order medication or dosages other than those indicated in "Medical Control Options."

The protocols and policies apply to all EMS personnel providing care within the Nassau Regional EMS System.

Nassau Regional Emergency Medical Services

Policies	Medical Authority at the Scene	I.B
	Reviewed: 6/27/2016	**Approved:** 8/03/2016
		Effective: 8/03/2016

The EMS provider at the scene with the highest level of New York State EMS certification is responsible for patient care. This does not relieve the BLS provider from providing appropriate BLS care when an ALS provider is present.

In accordance with New York State guidelines and Nassau Policy I.H, an ALS provider may turn patient care over to a BLS provider if he or she deems that no ALS care is needed.

In the event that a New York State licensed physician (MD or DO) wishes to assume responsibility for patient care at the scene they must first establish their identity by presenting one of the following:

Medical society card
Professional organization membership card
New York State Identification card

Once the physician's identity is established, the ALS technician must contact medical control for approval of the physician. However, the ALS technician must limit his/her procedures those contained in the protocol and procedure manual. At this point the physician must agree to accompany the patient IN THE AMBULANCE to the hospital. Once the physician assumes control, the physician's requests concerning medical care and transport should be followed as long as they do not conflict with standard policies and procedures. If a conflict arises, the ALS technician must contact control and carry out the directions of the medical control physician.

Nassau REMAC credentialed **EMS Field** physician can provide on-scene medical control and transfer patient care, as appropriate, to the on-line medical control physician and are then not required to accompany the patient to the hospital.

If the on scene physician is the patient's attending and cannot accompany the patient to the hospital, subsequent care will be carried out by the ALS technician in conjunction with the medical control physician, following the applicable EMS protocol(s). If a procedure has been initiated that is not within the ALS technician's scope of practice, the medical control physician will assume the responsibility for continuing or discontinuing this therapy.

If the ALS technician is unable to contact medical control, he/she may follow the direction from the on-scene physician provided he/she has properly identified the physician and the physician is willing to accompany the patient in the ambulance to the hospital. The ALS technician must confine his/her procedures to those allowed by the current Nassau Regional EMS protocols.

In all cases of on-scene physician intervention, the ALS technician must document the physician's name and address (and license number, if available or in the case of an EMS Field Physician their ID number) in the comment section of the PCR.

Nassau Regional Emergency Medical Services

Policies	Medical Control / Direction	I.B-1
	Reviewed: 3/30/2015	**Revised: 4/15/2015**
		Effective: 5/1/2015

Medical Control is defined by New York State law as advice and direction provided by a physician or under the direction of a physician to certified first responders, emergency medical technicians, or advanced emergency medical technicians who are providing medical care at the scene of an emergency or en route to a health care facility. Medical control may be contacted at any time, however when following ALS standing orders, they must be contacted within twenty (20) minutes of patient contact, except as indicated below. Medical Control/Operations **must** be notified for all:

- Serious Trauma
- Cardiac Arrest
- MCI
- Potential Hazmat
- Poisoning
- Burns
- Multiple patient incident

BLS

Medical control may be contacted as a resource when questions arise as to proper patient care or transport.

Hospital notifications, via MedCon, on BLS transports shall be made in the above circumstances and any BLS administration of medications.

ALS

When the EMT-CC or EMT-P initiates any ALS protocol or procedure, other than routine IV access and/or ECG monitoring, contact with medical control must be made. This contact should be made as soon as possible but should not delay appropriate patient care under standing orders. In the event of communication failure, the EMT-CC or EMT-P will be limited to the standing orders in the applicable protocol being followed.

Once medical control is contacted, standing orders are no longer applicable and the Medical Control physician is responsible for treatment options. After contact with medical control, if the patient's condition changes, the appropriate standing orders for the new presenting condition may be used until medical control is re-contacted.

Discretionary Decision

Where there is no existing protocol and a clear need for Advanced Life Support exists, the EMT-CC or EMT-P must contact the Medical Control physician who may order the most appropriate treatment within the AEMT's scope of practice; in this case ALL orders must be read back and confirmed with the physician.

Nassau Regional Emergency Medical Services

Policy	Medical Operations Center	I. B-2
	Reviewed: 3/27/2017	**Approved:** 4/5/2017
		Effective: 4/5/2017

Definition: The Medical Operations Center (MOC) of Nassau County Medical Control is the location that receives radio & telephonic communications from pre-hospital ambulances providing service to the public in Nassau County and transporting patients to a hospital or operating at the scene of a critical patient, MCI, trauma or Hazmat. The Medical Operations shall encompass Nassau County Regional EMS Agencies receiving or responding to emergency requests from a "PSAP" (Public Safety Answering Point). The center will receive and or initiate communications from/to Nassau hospitals regarding their operational status as it affects EMS operations and inform them of ambulances proceeding to their facilities. The MOC, in turn, will notify ambulances of any condition at their intended destination that would affect the ambulance (e.g. ambulance deferral/redirection, long delays, etc.).

Presently, Nassau Regional MOC shall be located at the Nassau University Medical Center, East Meadow, NY, and staffed and operated by members of the Nassau County Police Department Emergency Ambulance Bureau's Nassau County Medical Control.

Ambulances that are actively receiving Medical Control/Direction (Policy I.B) from Nassau Medical Control will be considered to be in contact with the Medical Operations Center.

Destination Notification: All EMS agencies operating in Nassau (BLS or ALS), when transporting patients indicated below, to an appropriate hospital shall provide a notification to the receiving facility, through the Nassau Medical Operations Center:

- Critical Trauma patient – Utilize REMSCo Trauma Worksheet (T-1)
- Critical Medical patient
- Hazmat
- MCI
- Stroke with known "Last Known Well Time" – Utilize Stroke Worksheet (S-1)

Only change was the addition of Stroke notification.

NASSAU REGIONAL E.M.S.
STROKE WORKSHEET

Date: _____ Time:_____

Stroke Notification Made: ☐**YES** ☐**NO**

Hospital: _____

ETA: _____

Age: _____ Sex: ☐Male ☐Female

C-BOLT

Cincinnati Stroke Scale findings: _____

Blood Glucose results: _____

Other pertinent clinical findings: _____

Last Known Well (LKW): _____

Time of Symptom Onset: _____

VITAL SIGNS

BP: _____/_____ Pulse: _____ Resp: _____

_____

_____

* Communicate this information to Nassau Medical Operations Center *
REMSCo form **S-1**

NASSAU REGIONAL E.M.S.
STROKE WORKSHEET

Date: _____ Time:_____

Stroke Notification Made: ☐**YES** ☐**NO**

Hospital: _____

ETA: _____

Age: _____ Sex: ☐Male ☐Female

C-BOLT

Cincinnati Stroke Scale findings: _____

Blood Glucose results: _____

Other pertinent clinical findings: _____

Last Known Well (LKW): _____

Time of Symptom Onset: _____

VITAL SIGNS

BP: _____/_____ Pulse: _____ Resp: _____

_____

_____

* Communicate this information to Nassau Medical Operations Center *
REMSCo form **S-1**

NASSAU REGIONAL E.M.S.
STROKE WORKSHEET

Date: _____ Time:_____

Stroke Notification Made: ☐**YES** ☐**NO**

Hospital: _____

ETA: _____

Age: _____ Sex: ☐Male ☐Female

C-BOLT

Cincinnati Stroke Scale findings: _____

Blood Glucose results: _____

Other pertinent clinical findings: _____

Last Known Well (LKW): _____

Time of Symptom Onset: _____

VITAL SIGNS

BP: _____/_____ Pulse: _____ Resp: _____

_____

_____

* Communicate this information to Nassau Medical Operations Center *
REMSCo form **S-1**

NASSAU REGIONAL E.M.S.
STROKE WORKSHEET

Date: _____ Time:_____

Stroke Notification Made: ☐**YES** ☐**NO**

Hospital: _____

ETA: _____

Age: _____ Sex: ☐Male ☐Female

C-BOLT

Cincinnati Stroke Scale findings: _____

Blood Glucose results: _____

Other pertinent clinical findings: _____

Last Known Well (LKW): _____

Time of Symptom Onset: _____

VITAL SIGNS

BP: _____/_____ Pulse: _____ Resp: _____

_____

_____

* Communicate this information to Nassau Medical Operations Center *
REMSCo form **S-1**

NASSAU REGIONAL E.M.S.

TRAUMA WORKSHEET

Date: ________________ Time:_________

Trauma Team Requested: ☐ **YES** ☐ **NO**

Hospital: ____________________________ ETA: _______

Age: __________ Sex: ☐ Male ☐ Female

Mechanism of Injury:_______________________________

____

Extrication Required: ☐ Yes ☐ No Time: _______

VITAL SIGNS

GCS: ☐

BP: _______/_______

Pulse: _______

Resp: _______

LOC: _____________________

Pupils: ____________________

Intubated / BVM: ____________

IV: ___________

INJURIES

____

____

REMSCo form T-1

NASSAU REGIONAL E.M.S.

TRAUMA WORKSHEET

Date: ________________ Time:_________

Trauma Team Requested: ☐ **YES** ☐ **NO**

Hospital: ____________________________ ETA: _______

Age: __________ Sex: ☐ Male ☐ Female

Mechanism of Injury:_______________________________

____

Extrication Required: ☐ Yes ☐ No Time: _______

VITAL SIGNS

GCS: ☐

BP: _______/_______

Pulse: _______

Resp: _______

LOC: _____________________

Pupils: ____________________

Intubated / BVM: ____________

IV: ___________

INJURIES

____

____

REMSCo form T-1

NASSAU REGIONAL E.M.S.

TRAUMA WORKSHEET

Date: ________________ Time:_________

Trauma Team Requested: ☐ **YES** ☐ **NO**

Hospital: ____________________________ ETA: _______

Age: __________ Sex: ☐ Male ☐ Female

Mechanism of Injury:_______________________________

____

Extrication Required: ☐ Yes ☐ No Time: _______

VITAL SIGNS

GCS: ☐

BP: _______/_______

Pulse: _______

Resp: _______

LOC: _____________________

Pupils: ____________________

Intubated / BVM: ____________

IV: ___________

INJURIES

____

____

REMSCo form T-1

NASSAU REGIONAL E.M.S.

TRAUMA WORKSHEET

Date: ________________ Time:_________

Trauma Team Requested: ☐ **YES** ☐ **NO**

Hospital: ____________________________ ETA: _______

Age: __________ Sex: ☐ Male ☐ Female

Mechanism of Injury:_______________________________

____

Extrication Required: ☐ Yes ☐ No Time: _______

VITAL SIGNS

GCS: ☐

BP: _______/_______

Pulse: _______

Resp: _______

LOC: _____________________

Pupils: ____________________

Intubated / BVM: ____________

IV: ___________

INJURIES

____

____

REMSCo form T-1

Nassau Regional Emergency Medical Services

Policies	Ambulance Capacity	I.C
	Reviewed: 8/08/2007	**Approved:** 4/02/97
		Effective: 4/02/97

The following should be used as a guideline when confronted with a situation where there is multiple aided requiring transport. The guideline is intended to enhance the EMS technician's decision making process and does not replace the judgment of the technician responsible for transportation decisions. The number of aided to be transported in each ambulance is a decision that should be made by the highest medical authority at the scene. The decision is a judgment of risk and benefit to each patient's outcome.

Considerations:

The following issues are unique to each situation and should be taken into account when making the final transport decision:

- Type of patients: severity, need for specialty care (trauma, pediatric) relationships (supportive or hostile), medical considerations such as physical or emotional disabilities, need for privacy and infection disease risk.
- Type of Crew (ALS, BLS, gender)
- Response time for additional ambulances
- Transport times to receiving hospitals
- Unusual circumstances: weather, equipment failure at receiving hospitals etc.
- Medical Control Physician consultation

In general, patients requiring ALS care should not be transported with another patient unless extenuating circumstances exist.

An EMS technician may decide that there is a need to transport more than one patient in a single ambulance. When this is the case, every effort should be made to assign a technician to each patient in the ambulance. The level of care (ALS, BLS) should always match or be greater than the patient's needs.

Nassau Regional Emergency Medical Services

Policies	Expired Agency Operating Certificate	I. O
	Reviewed: 5/02/2016	**Approved:** 6/01/2016
		Effective: 6/15/2016

The New York State Department of Health Bureau of Emergency Medical Services has determined that when an ambulance agency fails to renew their NYS Operating Certificate at or before its expiration date they are no longer authorized to provide ambulance service. In fact they have deemed that any ambulance agency that continues operating after their certificate has expired is in violation of NYS Public Health Law 3005 and multiple section of Part 800, NYS EMS Code. Further, it should be noted that, during the uncertified period, the agency is no longer afforded any of the protections under the law and places their certified personnel at risk.

The State has advised the REMAC that any agency that allows their certification to expire is no longer authorized to provide care, to include ALS level of care. They have also indicated that any agency that subsequently renews an expired certification must make new application to the REMAC to be authorized to operate at any level of care.

Agencies applying for authorization to operate at an **ALS** level of care must complete and submit the following to the REMAC:

- A letter on agency letterhead requesting that the agency be authorized to operate at the EMT-CC or EMT-P level of care, the letter must be signed by the agency Chief/President.
- Agency Personnel Roster form (DOH-2828b)
- Medical Director's Verification form (DOH-4362)
- Certified EMS Agency Information Update form (DOH-2936)
- Applications for any BLS special REMAC approvals

Agencies applying for authorization to operate at the **BLS** level of care with special REMAC approvals must submit the application for each of the special approvals (as specified in the Bureau of EMS Policies) to the REMAC, these include, but are not limited to:

- Automated External Defibrillation (AED)
- Epinephrine administration (excluding assisted medication)
- Albuterol
- Blood Glucometry
- Naloxone
- CPAP
- BLS 12 Lead ECG Transmission

Agencies are reminded that the REMAC must vote to approve these requests and they currently meet on the 1st Wednesday of even numbered months. *An agency may NOT operate at the ALS level or utilize BLS special skills/medications until approved by the REMAC.*

Nassau Regional Emergency Medical Services

Policies & Procedures	Drug and Equipment Exchange List	I.E – Page 1 of 2
	Reviewed: 6/02/15	**Approved:** 6/03/2015
		Effective: 7/01/2015

Airway/02:

BVM
Colorimetric C02 detector
Advanced Airway
End Tidal C02 monitors
ET Tube
Hand held nebulizer with tubing
Nasal Cannula
Nasopharyngeal airways
Non-rebreather mask
Oropharyngeal airways
Suction catheters (Yankauer and soft)
Surgilube

Trauma:

Padded board splints
Rigid cervical collars

Fluids and Administration Sets:

0.9% Sodium Chloride
Saline Locks
Minidrip administration sets
Macrodrip administration sets

Medications:

Activated Charcoal
Adenosine
Albuterol 0.083% or Levalbuterol (Xopenex)
Amiodarone HCL
Aspirin
Atropine Sulfate
Calcium Chloride 10%
50% Dextrose & 10%
Diazepam
Diltiazem
Diphenhydramine
Dopamine
Epinephrine 1:1000
Epinephrine 1:10,000
* Etomidate (Amidate)
Furosemide
Glucagon
Glucose paste
Haloperidol
Hydrocortisone
Sodium Succinate (Solu-Cortef)
Ipratropium (Atrovent)
Ketorolac (Toradol)
2% Lidocaine (Wylocaine)
Magnesium sulfate
Methylprednisolone (Solu-Medrol)
Naloxone
Nitroglycerin 0.4 mg tablet or metered spray
Norepinephrine IV Drip (32 mcg/ml)
Ondansetron (Zofran)
Racemic Epinephrine 2.25%
Sodium Bicarbonate
Sodium Thiosulfate 25% sol.
Tetracaine HCL ½ %
Vasopressin

Nassau Regional Emergency Medical Services

Policies & Procedures	Drug and Equipment Exchange List	I.E – Page 2 of 2
	Reviewed: 6/02/15	Approved: 6/03/2015
		Effective: 7/01/2015

Syringes and Needles (Should be needleless type):

1cc TB syringe with 26g 3/8 inch needle
3cc with 25g 5/8 inch needle
5cc with l8 g or 2l g l ½ inch needle
l0 cc syringe
30 cc syringe

Angiocaths

20g – 24g 1¼ inch assorted
l8g 1¼ inch or 2 inch
l6g 1¼ inch or 2 inch
l4g 1¼ inch or 2 inch
l5g or 17g spinal or I/0 needle

Needles

25g 5/8 inch
21g 1½ inch
18g 1½ inch

Miscellaneous

Towels
Sheets
Pillows
Pillowcases
Blankets
Emesis basins
ECG electrodes
Sterile Water
Sterile Saline

Nassau Regional Emergency Medical Services
REMAC

Policies	Agency Medical Director	I.F
	Reviewed: 5/4/2015	**Approved: 6/03/2015**
		Effective: 7/01/2015

It is the policy of the Nassau Regional Medical Advisory Committee (REMAC) that ***ALL*** agencies must, at all times, have an EMS Agency Medical Director. <u>This includes Advanced Life Support (ALS) and Basic Life Support *(BLS)</u>.

All Agency Medical Directors must be credentialed by the Nassau REMAC (see Policy I.F-1).

It is the responsibility of all Nassau agencies to ensure that a completed "Medical Director Information Sheet" is filed **annually** with the Nassau REMSCo office. The completed Information Sheet MUST be submitted by January 31.

If an agency changes Medical Director's then it must **immediately** complete and submit the "Medical Director Information Sheet" and "Agency Medical Director Letter of Agreement" within 30-days of the change.

Agencies that fail to comply with the above policy shall have their authority to operate at ANY level suspended.

The above forms are available on the Nassau REMSCo website.

<u>** Basic Life Support agencies that currently operate using Automatic External Defibrillation, Epi Pen, Albuterol, Blood Glucometry, and/or Naloxone are required by NYS DOH Bureau of EMS to have a NYS licensed physician approving the agency to use these treatments.*</u>

New/changed material is underlined.

NASSAU REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

131 Mineola Boulevard, Suite 105
Mineola, NY 11501

Phone: 516-542-0025
FAX: 516-542-0049
Website: www.nassauems.org

AGENCY MEDICAL DIRECTOR

LETTER OF AGREEMENT

I Dr. _____ am serving as medical director in accordance with NYS PHL Article 30 for _____ (agency name), as of _____.
(date)

_____ _____
Physician's Signature Authorized Agency representative Signature
(Chief, President, Chair of Board, etc.)

_____ _____
License # (Type/Print Name and Title)

Agency Medical Director Information

_____
Date

Agency Name _____

AGENCY LEVEL OF CARE: ☐ **EMT-P** ☐ **EMT-CC** ☐ **BLS PROVIDER**

MEDICAL DIRECTOR NAME: _____

MEDICAL DIRECTOR'S ADDRESS: _____

_____
(This must be an address that confidential medical information can be sent to — NOT the Agency address.)

MEDICAL DIRECTOR'S CREDENTIALS: _____

_____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

DEPARTMENT CONTACT NAME AND TITLE: _____

DEPARTMENT CONTACT PHONE NUMBER: _____

DEPARTMENT CONTACT E-MAIL: _____

Please mail this document to: Nassau Regional Emergency Medical Advisory Committee, 131 Mineola Boulevard, Suite 105, Mineola, NY 11501-3919 or fax to (516) 542-0049.

(1412)

Nassau Regional Emergency Medical Services
REMAC

Policies	Agency Medical Director Credentialing	I.F-1
	Reviewed: 2/19/2014	**Approved:** 2/26/2014
		Effective: 4/01/2014

It is the policy of the Nassau Regional Medical Advisory Committee that in order to be eligible to become a credentialed EMS Agency Medical Director, a physician must meet the following criteria:

1. Must hold a current NYS License to practice Medicine and Surgery
2. Have ACLS training or equivalent medical specialty training with a preference to ABEM and ABOEM.
3. Must have completed a specialty training program in Emergency Medicine, or other appropriate medical specialty with adequate documentation for verification.
4. Must complete the Credentialing/information packet and return the necessary items including:
    a. Must complete a REMAC Protocol take home exam
    b. Must submit a copy of the physicians CV to REMAC
    c. Return Letter of Agreement between physician and agency with both signatures
    d. Submit copy of diploma indicating successful completion of medical specialty training program
    e. Submit a copy of current ACLS card

5. Final Medical Director Credentialing is subject to REMAC approval

* 6. Physician's are required to self report to the REMSCo office any license restrictions.

Note: Attendance at REMAC meetings is strongly encouraged.

*** = ADDED MATERIAL**

Nassau Regional Emergency Medical Services

Policies	On-Line Medical Control (OLMC) Physician Credentialing	I. G
	Reviewed: 6/27/2016	**Approved:** 8/03/2016
		Effective: 8/03/2016

It is the policy of the Nassau Regional Medical Advisory Committee that, in order to become a credentialed OLMC (On Line Medical Control) Physician, the qualified physician must meet the following criteria:

1. Must hold a current NYS License to practice Medicine and Surgery
2. Have BCLS/ACLS/PALS training or equivalent medical specialty training with a preference to ABEM and ABOEM.
3. (For designation as ON-SCENE EMS FIELD PHYSICIAN) you must be affiliated with a Nassau Regional certified EMS agency, or voting member of Nassau REMAC.
4. Must complete the Credentialing program:

    a. Must complete an approved OLMC exam as prepared by a regionally approved medical control facility (e.g. NUMC, CEMS) and approved by REMAC.
    d. Submit copy of diploma indicating successful completion of medical specialty training program, or verification of such by your Hospital Department representative.
    c. Must participate in CME pertaining to the protocols of your system, including QA/QI, protocol updates, and any other information as required by the Region *.

Final On-line Medical Control Credentialing is subject to REMAC approval

(Refer to NREMAC Policy I.F, NYS BEMS POLICY 11-03)

* This documentation may be requested by the Credentials Committee for verification, and must be provided in a timely fashion, or the physician in question will lose ability to provide OLMC in this region.

Nassau Regional Emergency Medical Services

Policies	EMS Field Physician	I. G-1
	Reviewed: 6/27/2016	**Approved:** 8/03/2016
		Effective: 8/03/2016

It is the policy of the Nassau Regional Medical Advisory Committee that, in order to become a credentialed EMS Field Physician, a qualified physician must meet the following criteria:

1) Must conform to REMAC Policy I.G.

2) There will be a Review of the EMS Field Physician application every 2 years, reflecting practices of credentialing requirements; to verify continued Medical Malpractice policy, current unrestricted License, adherence to Policy I.G and if substantive changes in protocols, satisfactorily complete a new protocol exam.
   a. Upon granting the title of Nassau Regional EMS Field Physician, an ID card will be loaned to the physician. The ID card will contain the words "this ID is property of the Nassau REMAC and MUST be surrendered upon request."
   b. Every physician response is subject to a REMAC quality review.

3) It is not the function of this policy to dictate what equipment, and medications are carried in the physician response vehicle, nor to specifically describe requirements for a physician response vehicle. We will leave this to the agency sponsoring the physician and the individual credentialed physicians, with the understanding that they will be expected to be able to perform to the level of their training.

4) Goal: to enhance the EMS system, not to replace the EMS providers!!

NOTE: this is not intended to supersede the NYS BEMS Policy on non-solicited physician response to an EMS scene.

Nassau Regional Emergency Medical Services

Policies	Patient Transfer Guidelines	I. H
	Reviewed: 5/12/2014	**Approved:** 6/4/2014
		Effective: 7/1/2014

These guidelines are intended to assist EMS providers in determining when patients who are evaluated by an EMT/AEMT may safely be transferred to a EMT for continued care and transportation. They can be utilized when an EMT/AEMT responds to and assesses a patient as requiring a basic life support level of care.

The highest certified EMT-P, EMT-CC, EMT-Basic at the scene who has established patient contact is responsible for the patient care. These guidelines are not intended to limit the on-scene judgment of any EMS provider in the Prehospital setting.

I. ALS personnel should transport patients with the following problems:
- Major Trauma
- Chest pain or **pertinent** history of a cardiac condition
- Altered mental status
- Cardiopulmonary Arrest
- Physiologic Shock
- Respiratory distress as evidenced by dyspnea with:
    a. Respiratory rate less than 10 or greater than 29 **or**
    b. Altered mental status **or**
    c. Cyanosis **or**
    d. Pulmonary edema
- Anaphylaxis
- **Pertinent** history of a diabetic condition
- Drug overdose/Poisoning
- Moderate to severe burns
- Complications of childbirth or pregnancy

II. A. Complete the Initial Assessment and make a determination if the patient is stable for BLS transport
B. Verify that no ALS procedure has been initiated or indicated

III. A. An EMT-P may transfer ALS level care to an EMT-CC provided that the patient does not require an ALS level intervention that the EMT-CC is not authorized to carry out, and the patient will not likely decompensate to the point where specific paramedic level ALS interventions may become necessary during transport to the hospital.
B. An EMT-P may transfer ALS level care to an EMT-CC provided that the patient is not deemed to be unstable, either by assessment, or by protocol, and that the patient will not likely decompensate to the point of becoming unstable or critical during transport to the hospital. Documentation must include the medications & procedures initiated by the EMT-P prior to transfer of care to the EMT-CC, and that the conditions of transfer have been met.

IV. If the level of care is questioned, the Medical Control Physician will make the final determination as to level of care and transfer, the Medical Control Physician has the authority to order ALS transport.

Nassau Regional Emergency Medical Services

Policies	Decision Not To Initiate C.P.R.	Policy I.J
	Reviewed: 10/3/2007	Approved: 2/6/2008
		Effective: 3/1/2008

Pronouncement of death is the determination that life does not exist. New York State law does not require that death be pronounced by a physician. There is no official standard to pronounce death and pronouncement is implied by the decision not to initiate Cardiopulmonary Resuscitation (New York State Department of Health Vital Records Registration Handbook, 2nd Ed.).

A. Making Determination NOT to Initiate CPR

In review of the State Health Department Policy, the EMT may decide not to initiate CPR in the following situations:

1. The arrest occurs during an inter-facility transfer and the sending facility has provided the EMT's with a written order not to resuscitate the patient.

2. The patient is enrolled in a Hospice program and a **written order not to resuscitate** the patient is presented by the family, **or patient has a DNR bracelet,** or the prehospital personnel have prior notification of the order in writing from the Hospice program.

3. In cases of obvious death such as, decapitation or other similarly mortal injuries or where rigor mortis, tissue decomposition, or extreme dependent lividity is present.

The following Policy shall be in effect for the Nassau Regional Emergency Medical Services System:

B. Actions to be Taken After Determination is Made

In accordance with the New York State Emergency Medical Services Policy of Cardiopulmonary Resuscitation, when an EMT responds to the scene of a call as a member of the Nassau County EMS system and decides not to initiate CPR:

1. The Prehospital Care Report (PCR) should be completed and include all appropriate clinical and identifying information including description of patients clinical condition, time of decision and crew names/ID numbers.

2. The hospital copy of the PCR must be given to a Police Officer and either the Police Officer or the EMT must ***contact*** the Medical Examiner's Office (24 hr. # 542-5166) prior to leaving the scene.

3. The Nassau County Medical Examiner's Office will consider this PCR as documentation of a pronouncement of death and render any further pronouncement unnecessary.

Nassau Regional Emergency Medical Services

Policies	Paramedic Skills Use	Policy I.K
	Reviewed: 8/28/2008	Approved: 10/8/2008
		Effective: 11/1/2008

The EMT-P skills identified in the Nassau Regional EMS Protocols may be used by the following:

1. Currently NYS Certified EMT-P with current Nassau REMAC credentials.
2. Physician Assistants (PA) or Registered Nurses (RN), with a current NYS EMT-CC certification, ACLS and PALS certification, and current Nassau REMAC credentials.

PA's and RN's who meet the criteria in 2 may apply for authority to practice at the EMT-P level by submitting a request, in writing, with a copy of their license, registration and each of the above certifications.

Requests must be submitted to:

Nassau Regional Emergency Medical Advisory Committee
131 Mineola Blvd., Suite 105
Mineola, NY 11501-3919

PA's and RN's must provide copies of Registration, ACLS and PALS certifications each time that they are renewed.

PA's & RN's who are credentialed to perform EMT-P protocol skills are responsible to comply with all the duties and responsibilities that pertain to an EMT-P.

The authority for all patient management will permanently reside with the physician at Medical Control, unless Medical Authority at the Scene (I.B-1) criteria is met.

Nassau Regional Emergency Medical Services

Policies	BLS 12-Lead ECG Acquisition & Transmission	I. M
	Reviewed: 3/27/2017	**Approved: 4/05/2017**
		Effective: 4/05/2017

The NYS SEMSCo & SEMAC have authorized the acquisition and transmission of 12 Lead ECG by EMT and AEMT personnel in accordance with State Protocol M-5 Adult Cardiac Related Problems. Any Nassau agency wishing to implement this skill **MUST** receive approval from the Nassau REMAC.

In order for an agency to be approved they must have personnel trained in the skill, possess the necessary equipment to perform the skill, be capable of transmitting the ECG to Nassau MedCon and insure that the transmission is completed prior to arrival at the destination hospital.

The Nassau REMSCo Education and Training Committee has developed a course of instruction which will be provided to agency trainers that are either EMT-CC or EMT-P. The agency trainers must utilize the provided training to teach and qualify those personnel in the agency that will be performing this skill. The agency is responsible to maintain accurate records that indicates who is trained, when they were trained and a record of successful completion of the skill.

An agency applying for approval must submit the Agency Request to Participate form signed by the Agency Chief and Agency Medical Director that attests to the completion of training, the certification that the agency is capable of transmitting the ECG to MedCon, has a quality assurance and appropriateness review plan, and a continuing education program. In addition, a completed BLS 12-Lead Agency Information form must be submitted with the request.

The agency will receive a letter from the REMAC once it is approved, the agency must then complete the Medical Director Verification Form DOH-4362 (which will be provided with the approval letter) and submit a copy to the NYS Bureau of EMS and Trauma Systems and to the Nassau REMSCo office.

The NYS Bureau of EMS and Trauma Systems has issued Policy 16-01 which addresses this issue and indicates additional requirements which must be met.

Advisory 17-02.1 is rescinded.

Agency Request to Participate

BLS 12 Lead Acquisition & Transmission

The _____, hereby requests to be authorized to use BLS 12 Lead ECG Acquisition & Transmission by EMT & AEMT personnel. In accordance with the following:

1. We possess and will maintain the equipment necessary to acquire 12 Lead ECG and transmission capability.

2. Only EMT-Basic and AEMT personnel that have successfully completed the BLS 12 Lead ECG Acquisition & Transmission Training Program will be authorized to utilize this skill in accordance with State Protocol M-5.

3. All personnel authorized to utilize this skill will be trained in accordance with the training plan provided by the Nassau REMSCo Education & Training Committee. We will provide continuing education to insure maintenance of competencies. We will maintain documentation of training to include lists of attendees, dates attend, and a record of successful completion of the skill by each attendee.

4. Our agency and personnel agree to follow all program policies, procedures, and protocols set forth by the Nassau REMAC.

5. We have a quality assurance and appropriateness review plan. Our agency agrees to participate in the Regional Quality Improvement Program. All calls in which BLS 12 Lead skill has been used must be reviewed by the Agency Medical Director. We will provide information and documentation, when requested, to the Nassau Regional QI Coordinator.

6. Any changes to the Required Agency Information will be reported to the Nassau REMAC within 30 days.

7. We will be using the following 12 Lead equipment: *(Make & Model)*

_____

8. We will be transmitting the 12 Lead ECG by: (radio, cellphone, Wi-Fi - describe)

_____

The signatures below certify that the above request is being made and that we will be responsible for all aspects of participation in this Regional program.

_____	_____
Agency Chief – Signature & date	Agency Medical Director – Signature & date
_____	_____
(Print Name & Title of individual)	(Print Medical Director's Name)

Nassau BLS 12 Lead Agency Information (please print)

Agency Name: _____ Agency Code: _____

Address: _____ State: ____ Zip Code: _____

Designated representative responsible for the BLS 12 Lead Program:

Name: _____

Daytime Phone #: (____) _____

E-mail address: _____

Agency Administrator (Chief, Captain or President)**:**

Name: _____

Daytime Phone #: (____) _____

Email address: _____

Agency Medical Director:

Name: _____

Daytime Phone #: (____) _____

Email address: _____

Designated Agency Trainer:

Name: _____

Level of Certification: _____

Credentials (if applicable):_____

Daytime Phone #: (____) _____

Email address: _____

Nassau Regional Emergency Medical Services

Policies	Syringe Epinephrine for Basic EMTs	I. N
	Reviewed: 7/17/2017	**Approved: 8/02/2017**
		Effective: 9/01/2017

The NYS SEMSCo & SEMAC have approved the use of Syringe Epinephrine by properly trained basic EMT personnel operating with an EMS agency. The NYS Commissioner of Health has approved this skill to be brought to the basic EMT skill level. Any Nassau agency wishing to implement this skill **MUST** receive approval from the Nassau REMAC. Agencies that were previously approved, by the Nassau REMAC, to participate in the "Check & Inject" program, and have trained their personnel, are not required to apply again to the Nassau REMAC

Agencies must review NYS Bureau of EMS Policy # 17-06 for training and requirements that must be met before an agency can place syringe epinephrine in service. This does not preclude the use of epinephrine auto-injectors which remain as an acceptable means of administration. In order for an agency to be approved they must have personnel trained in the skill and possess the necessary equipment to perform the skill

The NYS DOH BEMS has developed a course of instruction which is available to CLI's & CIC's. The trainers must utilize the provided training to teach and qualify those personnel in the agency that will be performing this skill. The agency is responsible to maintain accurate records that indicates who is trained, when they were trained and a record of successful completion of the skill.

An agency applying for approval must submit the Agency Request to Participate in Syringe Epinephrine for Basic EMT form (I.N-1) signed by the Agency Chief and Agency Medical Director that attests to the completion of training, has a quality assurance and appropriateness review plan, and a continuing education program. In addition, a completed Syringe Epinephrine for Basic EMT Agency Information form (I.N-2) must be submitted with the request.

The agency will receive a letter from the REMAC once it is approved, the agency must then complete the Medical Director Verification Form DOH-4362 (which will be provided with the approval letter) and submit a copy to the NYS Bureau of EMS and Trauma Systems and to the Nassau REMSCo office.

Agency Request to Participate

Syringe Epinephrine for Basic EMTs

The _____, hereby requests to be authorized to use Syringe Epinephrine for Basic EMT personnel. In accordance with the following:

1. We possess and will maintain the equipment necessary: a manufacturer marked syringe(s) indicating a dosage for "P" (Pediatric at 0.15mg) and for "A" (Adult at 0.3mg) and Epinephrine (1:1000) 1mg in 1ml vial(s).

2. Only EMT personnel that have successfully completed the training program will be authorized to utilize this skill in accordance with REMAC Protocol M-3.

3. All personnel authorized to utilize this skill will be trained in accordance with the training plan provided by the NYS DOH BEMS&TS. We will provide continuing education to insure maintenance of competencies. We will maintain documentation of training to include lists of attendees, dates attend, and a record of successful completion of the skill by each attendee.

4. Our agency and personnel agree to follow all program policies, procedures, and protocols set forth by the Nassau REMAC.

5. We have a quality assurance and appropriateness review plan. Our agency agrees to participate in the Regional Quality Improvement Program. We will provide information and documentation, when requested, to the Nassau Regional QI Coordinator.

6. Any changes to the Required Agency Information will be reported to the Nassau REMAC within 30 days.

The signatures below certify that the above request is being made and that we will be responsible for all aspects of participation in this Regionally approved program.

_____	_____
Agency Chief – Signature & date	Agency Medical Director – Signature & date
_____	_____
(Print Name & Title of individual)	(Print Medical Director's Name)

Nassau Syringe Epinephrine for Basic EMT

Agency Information (please print)

Agency Name: _____ Agency Code: _____

Address: _____ State: ____ Zip Code: _____

Designated representative responsible for the Epi Syringe Program:

Name: _____

Daytime Phone #: (____) _____

E-mail address: _____

Agency Administrator (Chief, Captain or President)**:**

Name: _____

Daytime Phone #: (____) _____

Email address: _____

Agency Medical Director:

Name: _____

Daytime Phone #: (____) _____

Email address: _____

Designated Agency Trainer:

Name: _____

Level of Certification: _____

Credentials (if applicable):_____

Daytime Phone #: (____) _____

Email address: _____

Nassau Regional Emergency Medical Services

Policies	Expired Agency Operating Certificate	I. O
	Reviewed: 5/02/2016	**Approved:** 6/01/2016
		Effective: 6/15/2016

The New York State Department of Health Bureau of Emergency Medical Services has determined that when an ambulance agency fails to renew their NYS Operating Certificate at or before its expiration date they are no longer authorized to provide ambulance service. In fact they have deemed that any ambulance agency that continues operating after their certificate has expired is in violation of NYS Public Health Law 3005 and multiple section of Part 800, NYS EMS Code. Further, it should be noted that, during the uncertified period, the agency is no longer afforded any of the protections under the law and places their certified personnel at risk.

The State has advised the REMAC that any agency that allows their certification to expire is no longer authorized to provide care, to include ALS level of care. They have also indicated that any agency that subsequently renews an expired certification must make new application to the REMAC to be authorized to operate at any level of care.

Agencies applying for authorization to operate at an **ALS** level of care must complete and submit the following to the REMAC:

- A letter on agency letterhead requesting that the agency be authorized to operate at the EMT-CC or EMT-P level of care, the letter must be signed by the agency Chief/President.
- Agency Personnel Roster form (DOH-2828b)
- Medical Director's Verification form (DOH-4362)
- Certified EMS Agency Information Update form (DOH-2936)
- Applications for any BLS special REMAC approvals

Agencies applying for authorization to operate at the **BLS** level of care with special REMAC approvals must submit the application for each of the special approvals (as specified in the Bureau of EMS Policies) to the REMAC, these include, but are not limited to:

- Automated External Defibrillation (AED)
- Epinephrine administration (excluding assisted medication)
- Albuterol
- Blood Glucometry
- Naloxone
- CPAP
- BLS 12 Lead ECG Transmission

Agencies are reminded that the REMAC must vote to approve these requests and they currently meet on the 1st Wednesday of even numbered months. *An agency may NOT operate at the ALS level or utilize BLS special skills/medications until approved by the REMAC.*

Nassau Regional Emergency Medical Services
REMAC

Policies	Medical Control 500MHZ Radio Frequency	I. R
	Reviewed: 5/4/2015	Approved: 6/03/2015
		Effective: 7/01/2015

For EMS Agencies utilizing Nassau County Medical Control & 500MHZ radios are directed to utilize the radio channels as outlined below.

- Talk Group #1 used for all notifications and/or to request a med channel.
- If requesting a run you will be directed by the Medical Control Operator to Talk Group #2 which is the medical channel for your patient presentation, documentation of ALS standing orders, or request for additional ALS orders.
- Talk Group #3 will used for MCI's and will be used as an additional medical channel when needed.
- Radio Channels Labeled Med 5 & Med 9 are for use in transmitting 12 lead EKG using Rosetta LT.
- All other 12 lead EKG can be transmitted via Rosetta DS through the Internet to Medical Control, this includes Physio's monitors and Life Net System.
- Agencies that have Internet air card capability may also send 12 lead via those systems as well after making notifications via radio.
- The old medical control radio system will stay operational until installations of all 500MHZ radios are complete.
- Any agency needing assistance in setting up 12 lead EKG transmissions should contact their cardiac monitor manufacturer's sales representative.

Nassau Regional Emergency Medical Services

Policies	Protocol Utilization	I. T
	Reviewed:	Approved: 2/26/2014
		Effective: 3/01/2014

Any agency that receives calls for service made to a Public Service Answering Point (PSAP) is **required** to use Nassau REMAC protocols and have Nassau REMAC trained and credentialed personnel providing care.

An agency that does NOT accept PSAP calls may use the current version of the protocols of their home based region.

Agencies using home based (non-Nassau) protocols must submit a copy of the protocols to the Nassau REMAC for approval. Whenever the home based region amends their protocols it is the responsibility of the provider agency to submit copies of the amendments, within 60 days of change, to the Nassau REMAC for approval.

Nassau Regional Emergency Medical Services
REMAC

Policies	Hazardous Materials Treatment Teams	I. Z – Page 1 of 4
		Approved: 4/7/2004
		Effective: 12/1/2004

Introduction

Protocols to facilitate rapid medical intervention at the scene of Hazardous Materials incidents have been developed by the Protocol Subcommittee to the Regional Emergency Medical Advisory Committee (ReMAC). To ensure that these aggressive protocols are under more direct medical oversight, and are only used by skilled and trained technicians, ReMAC has created the following policy.

This policy establishes the following:

1. Scope of Application
2. Organization
3. Medical Supervision
4. Treatment review and reporting (Quality Improvement)
5. Training
6. Dispatch Recommendations
7. Requirements for internal procedures

Scope

This policy applies to the utilization of Nassau ALS Protocol III.X — Hazardous Material Treatment, herein referred to as "Advanced HazMat Treatments" or "AHT".

Organization

Only qualified and authorized members of a team organized by a volunteer fire department, volunteer ambulance corps, Police Department or hospital based EMS agency and approved by Nassau ReMAC are authorized to provide Advanced HazMat Treatments.

Medical Oversight

The recognized team, or other organization, shall have a written agreement with a physician Board Certified in Emergency Medicine or who is ReMAC qualified.

The written agreement, a current copy of which must be submitted to the ReMAC, shall include the following at a minimum:

1. Name and contact information for the designated physician
2. Qualifications of the physician and a copy of their New York State Medical License.
3. Physician participation in Team Quality Improvement (QI) Activities
4. Physician review each use of AHT
5. Submission of a written summary of each physician review of AHT to the regional Quality Improvement Coordinator with appropriate recommendations if applicable.
6. Physician approval of team training
7. Requirement for the physician to participate in the Regional QI program.
8. A copy of any procedures or polices developed by or for the team/organization.

Quality Improvement

Each team shall have a quality improvement plan that specifically ensures that training, use of AHT, and availability of AHT, is assessed and documented following each Hazardous Materials Incident to which the team is dispatched. At a minimum, an annual assessment shall be conducted and documented.

A summary of each assessment with observations and recommendations as appropriate shall be sent to the regional Quality Improvement Coordinator.

A specific person in each team or organization shall be designated to coordinate Quality improvement. The designated person shall respond to requests for information from the regional Quality Improvement Coordinator.

To the extent practical, and at the discretion of the team or organization, the QI plan may be part of the existing QI program, so long as it includes the elements above.

Training

Specific written Training requirements for the team or organization shall be developed and approved by the designated physician. At a minimum, all personnel authorized to administer AHT shall be trained to the Hazardous Materials Operations Level as defined in 29CFR1910.120 the OSHA Hazardous Waste Operations and Emergency Response (HAZWOPER) Standard.

Teams and organizations providing AHT should be familiar with County Police and Fire Marshal Hazardous Materials Teams and their procedures.

Dispatch

Each team or organization should notify and be on file with the 911 and Fire Communications dispatch with availability information.

It is desired that at least one or more Advanced Medical Technicians be assigned with their properly equipped unit to each Hazardous Materials Incident where personnel are thought to be contaminated or where public sector Hazardous Materials teams are operating in Level A, B, or C personnel protective levels.

No AHT protocol procedures may be initiated unless Advanced Life Support (ALS) personnel authorized and approved under this policy are present at the scene to administer them.

Procedures

Each team or organization providing AHT shall have written procedures approved by the current Medical Director.

The procedures shall include at the minimum the following elements:

1. Training Requirements
2. Quality Improvement Plan

3. How to determine when approved protocols will be used (e.g. how the technician will determine what chemical the patient has been exposed)
4. Response procedure
5. Equipment List and Location
6. Access Control to Medications
7. A Current list of personnel with each persons NYS EMS certification number, level, and expiration date, authorized to provide AHT