

**** For all paramedics: important REMAC CME and exam changes below ****



Continuing Medical Education - News & Information

March – April, 2015 - Volume 20, Issue 3-4

Multi-Agency Edition

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Journal CME Newsletter

FDNY - Office of
Medical Affairs

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Brooklyn, NY 11201

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From the Editor

To ensure the highest-possible quality of patient care in NYC, REMAC has raised CME and exam requirements for all re-certification and new candidates.

**** *All candidates must now meet CME requirements* ****

- **All REMAC paramedics and candidates should review Certification & CME Information on page 3 journal and plan accordingly.**
- **All upcoming exam candidates**, see registration instructions at the bottom of the last page of this journal.
- **Candidates who will not have a CME letter** at the time of their REMAC exam must email Christopher.Swanson@fdny.nyc.gov ASAP.

**** *The exam format has changed for all candidates* ****

- **Early testing is strongly encouraged**, there is no loss of certification time.
- **Study Tips – to pass the exam, candidates MUST:**
 - **memorize** the REMAC GOP, BLS and ALS protocols, and appendices
 - **interpret** 3 and 12-lead ECGs
 - **calculate** drug doses based on patient weight
- **120 question multiple-choice exam** with a 3-hour time limit
 - **20 Scenario questions: two new intensive patient-care scenarios**
 - one adult and one pediatric, 10 questions each
 - similar to past REMAC Orals and Scenario exams
 - testing the candidate's ability to integrate history, physical exam, ECG interpretation, diagnosis, treatment using the NYC REMAC protocols
 - **100 General questions:** the same format and content as past REMAC exams, on protocol content and patient care
- **Passing score** is 80%. Exam failure permits a retest the same month.

Outline of May 2014 NYC REMAC protocol changes
see REMAC Advisories 2014-01 & 2014-02 at nycremsco.org

General Operating Procedures

- Medical Control at the Scene
 - deletes AED note
 - clarifies non-solicited intervention
- Prehospital Sedation
 - increases Etomidate dose
 - adds O₂ via nasal cannula
- Transport Procedures
 - deletes stroke center distance
 - deletes LBBB to PCI facility
 - adds LVAD as specialty care
- CPR
 - adds medical criteria
 - clarifies CPR for pediatrics
- Pediatric Patients
 - clarifies age of patients
- IO Administration
 - adds shock indication
 - limits attempts
 - adds Lidocaine
- IN Administration
 - adds Glucagon & Fentanyl
- Drug Guidelines
 - adds Ondansetron caution
- Pediatric Protocols
 - adds Broselow tape

BLS Protocols

- 400 – WMD
 - updates table
- 411 – AMS, 413 – Seizures, 415 – Shock
 - removes note on immobilization
- 414 – Poison/Drug Overdose
 - removes obtaining sample
 - updates venomous bite
- 426 – Soft Tissue Injuries
 - adds tourniquet

ALS Protocols

- 503A, 503-B – Cardiac Arrests
 - changes vasopressin to if available
- 507, 554 – Adult & Pediatric Asthma
 - clarifies MCO epinephrine
- 510 – Allergic/Anaphylactic Reaction
 - changes name of protocol
- 515-B – Septic Shock
 - new protocol

Appendices

- Appendix H – Specialty Care
 - updates specialties
- Appendix I – Hospital Listings
 - adds available services
- Appendix U – Septic Shock
 - new appendix

REMAC Exam Study Tips

| | | |
|---|---|-----------------------|
| <u>REMAC candidates have difficulty with:</u> | <u>REMAC Written exams are approximately:</u> | |
| * Epinephrine use for peds patients | 15% Protocol GOP | 35% Adult Med. Emerg. |
| * 12-lead EKG interpretation | 10% BLS | 15% Adult Trauma |
| * ventilation rates for peds & neonates | 10% Adult Arrest | 15% Pediatrics |

Certification & CME Information

- **By the day of their exam, all REMAC paramedics and candidates must present a letter from their Medical Director verifying fulfillment of CME requirements.**
 - **Upcoming candidates without a CME letter ASAP must email Christopher.Swanson@fdny.nyc.gov**
 - **FDNY paramedics, see your ALS coordinator or Division Medical Director for CME letters.**
 - **CME letters must indicate the proper number of hours, per REMAC Advisory # 2007-11:**
 - 36 hours - Physician Directed Call Review
 - *ACR Review*
 - *QA/I Session*
 - *Emergency Department Teaching Rounds - **Maximum of 18 hours***
 - 36 hours - Alternative Source CME - **Maximum of 12 hours per venue**
 - *Online CME (see examples below)* - *Clinical rotations*
 - *Lectures / Symposiums / Conferences* - *Associated Certifications – 4 hours each:*
BCLS / ACLS / PALS / NALS / PHTLS
 - *Journal CME*
 - **Failure to maintain a valid NYS EMT-P card will suspend your NYC REMAC certification until NYS is recertified.**
-

REMAC certification exams are held monthly for new and expired candidates, and for currently certified paramedics who may attend up to 6 months before their expiration date.

REMAC CME and Protocol information is available and suggestions or questions about the newsletter are welcome. Call 718-999-2671 or email Christopher.Swanson@fdny.nyc.gov

| | | | | |
|----------|--|-------------|--|--|
| REMSCO: | www.NYCREMSCO.org | Online CME: | www.EMS-CE.com | www.MedicEd.com |
| | | | www.EMCert.com | www.WebCME.com |
| NYS/DOH: | www.Health.State.NY.US | | www.EMINET.com | statenilandem.com |

FDNY ALS Division Coordinators

| | | | |
|----------------------------|----------------------------|----------------------------------|----------------------------|
| <u>Citywide ALS</u> | <u>718-999-1738</u> | <u>Division 4</u> | <u>718-281-3392</u> |
| Lt. Evan Suchecki | | Mike Romps | |
| <u>Division 1</u> | <u>212-964-4518</u> | <u>Division 5</u> | <u>718-979-7175</u> |
| William Meringolo | | Marissa Crocco | |
| <u>Division 2</u> | <u>718-829-6069</u> | <u>Bureau of Training</u> | <u>718-281-8325</u> |
| Kornelia Haynes | | Hector Arroyo / Lisa Desena | |
| <u>Division 3</u> | <u>718-968-9750</u> | <u>EMS Pharmacy</u> | <u>718-571-7620</u> |
| Gary Simmonds | | Cindy Corcoran | |

FDNY EMS Medical Directors

| | | | |
|--|----------------------------|---|----------------------------|
| <u>Dr. Nikolaos Alexandrou</u> | <u>718-999-0124</u> | <u>Dr. Dario Gonzalez</u> | <u>718-281-8473</u> |
| Field Response Division 3 OLMC Director | | Field Response Division 2 USAR/FEMA Director, OEM Liaison | |
| <u>Dr. Glenn Asaeda</u> | <u>718-999-2790</u> | <u>Dr. Doug Isaacs</u> | <u>718-281-8428</u> |
| Chief Medical Director REMAC Coordinator | | Field Response Division 1 EMS Fellowship & Rescue Medic Director | |
| <u>Dr. David Ben-Eli</u> | <u>718-999-0404</u> | <u>Dr. Bradley Kaufman</u> | <u>718-999-1872</u> |
| Field Response Division 4 Haz-Tac, PASU & EMS Resident Director | | QA, EMD & EMS Training Director | |
| EMS Fellows - Field Response Divisions 5 | | | |
| <u>Dr. Benjamin Zabar</u> | <u>718-999-0364</u> | <u>Dr. Jason Zimmerman</u> | <u>718-999-0351</u> |

FDNY OLMC Physicians and ID Numbers

| | | | |
|----------------------|-------|-----------------------|-------|
| Alexandrou, Nikolaos | 80282 | Jacobowitz, Susan | 80297 |
| Asaeda, Glenn | 80276 | Kaufman, Bradley | 80289 |
| Barbara, Paul | 80306 | Lai, Pamela | 80311 |
| Bayley, Ryan | 80314 | Munjal, Kevin | 80308 |
| Ben-Eli, David | 80298 | Redlener, Michael | 80312 |
| Freese, John | 80293 | Rotkowitz, Louis | 80317 |
| Friedman, Matt | 80313 | Schenker, Josef | 80296 |
| Giordano, Lorraine | 80243 | Schneitzer, Leila | 80241 |
| Gonzalez, Dario | 80256 | Silverman, Lewis | 80249 |
| Hansard, Paul | 80226 | Soloff, Lewis | 80302 |
| Hegde, Hradaya | 80262 | Van Voorhees, Jessica | 80310 |
| Hew, Phillip | 80267 | Williams, Alan | 80316 |
| Huie, Frederick | 80300 | Zabar, Benjamin | 80323 |
| Isaacs, Doug | 80299 | Zimmerman, Jason | 80824 |

EMS RESPONSES TO SCHOOLS FOR STUDENTS EXPERIENCING BEHAVIORAL, EMOTIONAL OR PSYCHIATRIC EVENTS

Introduction

T.H. v. Fariña, et al. – A Lawsuit Involving Requests for Ambulance Transport for Students Experiencing Behavioral, Emotional, or Psychiatric Events at Schools.

In December 2013, a number of parents of primarily special needs students initiated a lawsuit against the City of New York, the Department of Education (“DOE”), and the Fire Department, contending that their children were being transported by ambulance to hospital emergency departments unnecessarily. The FDNY was named as a party to this litigation because EMS ambulances responded to 911 calls for students experiencing behavioral, emotional or psychiatric events and transported these students from their schools to the hospital.

The lawsuit was settled following lengthy negotiations and with the assistance of a magistrate judge who acted as a mediator. The settlement requires the DOE to issue new policies and procedures for schools to follow when responding to a student experiencing a behavioral event and in making a determination about whether to call 911 for an ambulance response. These new policies and procedures, coupled with training for DOE staff, are intended to significantly reduce the number of calls to 911 for students experiencing behavioral, emotional or psychiatric events.

After extensive negotiations among the parties and with the assistance of the magistrate judge, an agreement to resolve the issues raised in the lawsuit was reached as summarized in the Press Release below.

A Settlement is Reached

Settlement: NYC Department of Education to Adopt New Policies Regarding Sending Schoolchildren to ERs for Behavioral Issues

“Monday, December 15th, 2014, New York, NY—Under a settlement approved by U.S. District Court Magistrate Judge James L. Cott on Monday, New York City will implement new protocols and provide expanded training in specific schools to staff and appropriate resources to students in order to avoid unnecessary emergency room visits for students experiencing emotional, behavioral or psychiatric events. The settlement, in T.H. et al. v. Fariña, et al. (13 Civ. 8777), was agreed to by The City of New York and plaintiffs who are eleven children and their guardians. Plaintiffs were represented by Legal Services NYC and Cuti Hecker Wang LLP.”¹

The settlement resolved this lawsuit against the City of New York, the DOE, and the FDNY. Under its terms, the City and the respective agencies will implement the following changes:

- DOE will propose a new Chancellor’s Regulation for adoption to provide guidance to NYC public school staff as to when school officials should call 911 for a child experiencing an emotional, behavioral, or psychiatric event.
- DOE will expand the role of schools’ Crisis Intervention Teams to include identifying strategies for de-escalating behavioral crisis situations; identification of locations where students in crisis may be safely

¹ Joint press release announcing settlement in T.H. v. Fariña, et. al.
March – April, 2015 – Journal CME Newsletter

isolated within the school; and identification of in-school and community resources available to the school and parents.

- DOE will provide Therapeutic Crisis Intervention for Schools (TCIS) training to 1500 staff members over the course of three years at schools that have been identified as having high rates of transports for emotional/psychological conditions.
- DOE will implement modifications to its Online Occurrence Reporting System in order to improve data collection on EMS calls and/or transports and will periodically provide Plaintiffs with data on EMS calls and transports of public school students experiencing emotional, behavioral or psychiatric events.
- FDNY will ensure emergency medical service (EMS) personnel are familiar with departmental policies governing the treatment and transport of minors, and the policies regarding refusal of medical aid for minors. In addition, the FDNY will periodically provide Plaintiffs with data on EMS calls and transports of public school students experiencing emotional, behavioral or psychiatric events.²

Implications of the Settlement for EMS

As you can see from the outline of the settlement provisions above, most of the settlement obligations are the responsibility of DOE and are intended to provide schools with the resources and guidelines for responding to students experiencing behavioral, emotional or psychiatric events so that schools do NOT activate the 911 system unnecessarily.

If the student's behavioral, emotional or psychiatric event can be appropriately handled by DOE staff and without the necessity of requesting 911 ambulance assistance, EMS intervention and ambulance transport to a hospital may be avoided and the student can receive the help that s/he needs without going to the hospital. In addition, if EMS receives fewer requests to respond to schools because behavioral, emotional or psychological events are properly addressed on-site by qualified DOE personnel, EMS personnel and resources can be available for other persons requiring prehospital emergency medical treatment and transport.

As noted, the settlement obligations involving EMS are limited to those outlined in the last bullet point of the press release above. In essence, FDNY will ensure that its personnel are fully familiar with existing policies and procedures pertaining to the treatment and transport of minors and the refusal of medical aid (RMA) for minors. In addition, FDNY will periodically provide data to the Plaintiffs regarding transports from schools. However, no changes to existing EMS policies and procedures are required by the settlement agreement.

As you know, once EMS receives a request to respond, there are certain policies and procedures that must be followed with respect to transporting a patient as well as for evaluating whether a request to RMA may be honored. FDNY is required by the settlement to reinforce the relevant existing policies and procedures so that EMS personnel are sensitive to the issues that may arise when responding to schools and understand all components of the applicable policies and procedures. Specifically, EMS personnel must review and be familiar with the Operating Guide Procedures listed below and act accordingly.

Please review these procedures in their entirety and speak to an Officer if you have any questions with respect to these procedures.

- OGP 106-04 Refusal of Medical Aid
- OGP 106-05 Treatment and Transport of a Minor
- OGP 106-08 Emotionally Disturbed Persons

² Joint press release announcing settlement in T.H. v. Fariña, et. al.
March – April, 2015 – Journal CME Newsletter

Onscene at Schools

EMS personnel should be particularly sensitive to issues that may arise when responding to behavioral, emotional or psychiatric events experienced by students at schools. These situations may present special challenges, particularly because the student's parent is unlikely to be onscene unless the school has contacted the parent and requested that they come to the school and they have arrived at the school either before or during your response. You should be aware that school officials may inform you that a student's parent is on the telephone and is requesting to speak with a member of the crew. (See below — “What's New? A Parent's Request to Speak to EMS Personnel”). You should also expect that in some circumstances, a request to RMA for the student may be encountered upon your arrival at the scene.

When responding to a school in response to a request involving a behavioral, emotional or psychiatric event, EMS members shall perform an assessment of the student in accordance with the applicable EMS Operating Guide Procedures and protocols. EMS personnel should obtain relevant information about the student from others as appropriate (for example, teachers, nurses, the student's parent, etc.).

As RMA requests give rise to special considerations, please carefully review the procedure for determining whether an RMA request may be honored.

An RMA request may be considered when made by a parent³ (or by the minor student him/herself in limited special circumstances (see OGP 106-04 Section 3.2.2)). It should be noted that as defined in OGP 106-04, for purposes of RMA, the definition of “guardian” includes grandparents and school officials.

An RMA request requires that a determination be made as to whether such request may be honored. As set forth in OGP 106-04, the determination as to whether an RMA may be accepted must include:

- a) A determination as to whether the index of suspicion is high (the concern that an individual may have an acute medical, traumatic, psychiatric, social or other condition that could result in a life-threatening or life altering outcome) or low and;
- b) A determination, where applicable, as to the mechanism of injury (none, moderate, severe); and
- c) A determination as to whether the student is in a safe environment (an environment which is not believed to be an immediate danger to the health or safety of the patient).

Additionally, as set forth in OGP 106-04, the determination as to whether an RMA may be accepted must be made in consultation with OLMC where required:

- 1) An RMA may be accepted without the assistance of OLMC if the RMA request is for a minor patient who is 6 years of age or older when, following an assessment by the crew, ALL of the following are present: LOW index of suspicion that immediate medical treatment and/or transport is required; there has been no administration of medication; the patient is in a safe environment.
- 2) An RMA may be accepted with the assistance of OLMC when the RMA request is for a minor patient when the request is for a child who is 5 years old or younger or for a child who is six years old or older (i.e., all ages) and ANY of the following are present: the patient requires immediate medical treatment and transport to a hospital based on a high index of suspicion, there has been administration of medication, the patient is in an unsafe environment.

IMPORTANT: If a minor student is determined to have a life-threatening medical condition, the crew shall provide all appropriate prehospital medical care consistent with EMS protocols, procedures, and policies, and transport the student to the closest appropriate hospital, regardless of any RMA request. If the patient is

³ For purposes of RMA, a parent means a parent or guardian as defined in OGP 106-04.

determined to be medically stable and the EMS provider has questions about whether an RMA may be accepted or other concerns, OLMC may be contacted for assistance.

What's New? – A Parent's Request to Speak to EMS Personnel

There is one new requirement that did arise out of the settlement (although not highlighted in the Press Release). In addition to the agreement to reinforce applicable existing policies, EMS personnel are required, upon the request of a parent who is not on the scene but who has been reached by DOE staff by telephone, to speak with the parent if to do so is feasible and will not interfere with carrying out EMS duties and responsibilities.

This requirement does not change any of our current policies, procedures, or protocols, but it does require that an EMS crew member speak to an individual by telephone when: (1) a school official has identified such individual as a parent; (2) the parent requests to speak with EMS; and (3) if it is feasible to do so and it will not interfere with carrying out EMS duties and responsibilities. EMS personnel should maintain a professional demeanor when speaking with a parent on the telephone and should return the telephone to a school official at the end of the conversation. When EMS personnel do speak with a parent by telephone, any information relevant to the condition of the child provided by the parent on the telephone should be treated in the same manner as if the parent were onscene providing the information. When a school official identifies the individual on the phone as the student's parent, EMS personnel shall accept that this individual is in fact the parent.

As previously discussed, it is anticipated that in some instances a parent on the telephone may request that his or her child not be transported to the hospital — that they be allowed to RMA. The EMS member should inform the parent that they have noted the request and that the determination to transport the child to the hospital will be made in accordance with regular EMS procedures and protocols. The EMS member should further inform the parent that if a determination is made that the child requires transport to a hospital and if the parent is not onscene or is not being transported with the child, either EMS personnel or the school will inform the parent as to which hospital the child will be taken. If DOE staff is unable to contact the parent, the EMS crew shall perform an assessment and follow their regular procedures to determine if the child requires transport to the hospital, contacting medical control as necessary.

REMINDER: At no time shall EMS personnel be required to speak with a parent on the telephone if a determination is made that such conversation will jeopardize the appropriate assessment, treatment, and transport of the patient. EMS personnel are required to speak with the parent of a student by telephone if it is feasible to do so and it will not interfere with carrying out their duties and responsibilities.

Following a request by a parent to speak to the EMS personnel, if it is determined that based upon onscene circumstances, a crew member is unable to speak with the parent because it is not feasible and/or to do so will interfere with carrying out your duties and responsibilities (for example, a delay caused by speaking on the telephone will result in increased harm to the student, or the telephone used to reach the parent is a landline located far from where EMS is assessing the student in a remote area of the building) circumstances permitting, DOE staff should be informed that you are unable to speak with the parent and the reason that you are unable to do so. The reason that you were unable to speak with the parent should be documented in the narrative portion of the ePCR.

When Speaking to a Student's Parent Who Seeks to RMA

As you might expect, a 911 call to EMS may cause great anxiety for both the child and the parent. EMS members should be sensitive to the reasons that a parent may seek to RMA and address such concerns to the extent possible, with the assistance of school staff as necessary. For example, the parent may fear the child will be left unattended at the hospital or the parent may be concerned that the school will not allow the child to return. School staff should be able to address those concerns. Additionally, parents may have many questions, including

the reason that it is necessary to go to the hospital at all. Some examples of questions that may be helpful in anticipating the types of questions and appropriate answers are below. Responding carefully to a parent's concerns may be helpful to the parent in explaining a difficult situation and to the crew, which may benefit from the parent's better understanding of the situation.

Q: Why does my child need to go to the hospital? He is just having a tantrum.

A: We need to take him to the hospital because he is banging his head against the floor and may have caused himself a serious medical injury.

Q: To which hospital are you taking him? His doctor is at NYU.

A: We will check with a Fire Department physician to see if we can bring him to NYU. Although it is not the closest hospital to his school, if it is within the area to which we are allowed to transport, we will do so. Either the school or EMS personnel will let you know where he will be taken.

Documentation

All school responses should be fully documented on the ePCR. Special care should be taken to carefully document instances where an RMA is requested and the circumstances under which such request is either granted or denied in the narrative portion of the ePCR. Signatures should be obtained as appropriate. It should also be noted if a crewmember spoke with a parent, either in person or by telephone. If a request to speak with EMS personnel was made but was denied, documentation should include the reason for such denial.

Conclusion

As highlighted by this article, responding to schools for students experiencing behavioral, emotional or psychiatric events can give rise to special challenges for EMS responders. It is anticipated that that as a result of DOE's new procedures and protocols for responding to students experiencing behavioral, emotional or psychiatric events, the number of requests for an EMS response to schools for incidents of this type will decrease. However, in order to ensure that you are prepared when responding to these situations, please thoroughly review the Operating Guide Procedures referenced in this article and complete the quiz on TRAQs.

Written by: **DR. GLENN ASAEDA**
 FDNY Chief Medical Director

CME JOURNAL 2015 QUIZ J3-4: SCHOOLS

All 10 questions for ALS and BLS Providers

1. New DOE training should decrease the activation of the 911-EMS system for behavioral emergencies in schools.
 - a. True
 - b. False

2. If a school official asks the EMS provider to speak to a student's parent on the phone, the provider should:
 - a. Speak to the parent on the phone
 - b. Explain to the school official that we cannot verify that it is indeed the parent on the phone
 - c. Instruct the school official to have the parent call Telemetry to speak to the doctor
 - d. Explain to the parent on the phone that you cannot accept an RMA over the phone

3. The EMS provider does not have to speak with a parent on the phone when:
 - a. the principal is not in the room
 - b. the student has a potentially life-threatening condition
 - c. the phone is not on a recorded line
 - d. the student has no psychiatric history

4. The settlement, in *T.H. et al. v. Fariña, et al.* (13 Civ. 8777), agreed to by The City of New York and plaintiffs will require that:
 - a. the FDNY provide new training procedures for handling calls to New York City schools
 - b. the FDNY will periodically provide data on EMS calls and transports of public school students experiencing emotional, behavioral or psychiatric events
 - c. the FDNY will provide a new call type for pediatric psychiatric patients
 - d. the FDNY provide new training procedures for handling parental phone calls

5. Calls to a school for an EDP require:
 - a. sensitivity to the concerns of parents
 - b. an Unusual Occurrence Report
 - c. an Incident Report
 - d. contact with OLMC

6. Speaking to a parent of a school child can help the parent understand the need for hospital transport.
 - a. True
 - b. False

7. The narrative portion of the PCR should be used to document:
 - a. Reasons for a parent refusing care for the child
 - b. Why the crew was unable to speak to a parent by phone
 - c. If the parent was in contact with the crew by phone
 - d. All of the above

8. According to OGP 106-04, a guardian is someone who:
 - a. Can physically protect a child
 - b. Is legally responsible for a minor
 - c. Holds a health care proxy for a patient
 - d. All of the above

9. According to OGP 106-05, if a parent or guardian is not available to provide consent at the scene, all of the following are true, except:
 - a. Emergency medical care may be rendered to minors without the consent or presence of the parent or guardian.
 - b. If no one is willing or able to accompany the minor to a medical facility, removal shall be accomplished expeditiously.
 - c. The minor can provide their own consent.
 - d. If Police Officers are not present onscene, the dispatcher shall advise the Police Department as to which medical facility the minor is being transported

10. If a parent requests a RMA by telephone for a student at a school who is experiencing an emotional, behavioral or psychiatric event, then pursuant to paragraph 5.5.5 of OGP 106-04, the Telemetry Physician must be contacted for a determination as to whether the RMA may be accepted?
 - a. True
 - b. False

Regional CME – Sessions are subject to change. Please confirm through the listed contact.

See other opportunities at www.nycremsco.org under News & Announcements

Note: A plentiful source of **Call Review** is **E.D. Teaching Rounds** (maximum of 18 hours)
See any hospital E.D. Administrator for availability (especially HHC hospitals)

| Boro | Facility | Topic | Location | Contact |
|------|--------------------------|--|---|---|
| BK | Kingsbrook | contact to inquire → | ED Conference Room | Aaron Scharf 718-363-6644 |
| | Lutheran | contact to inquire → Call Review | Inquire → | Dale Garcia 718-630-7230 dgarcia@lmcmc.com |
| MN | Lenox Hill & Health Plex | contact to inquire → Call Review, Lecture | Inquire → | Brian Lynch 512-589-9128 Lenox Hill Hospital EMS |
| | Mt Sinai Hosp | contact to inquire → | Inquire → | Eunice Wright eunice.wright@mountsinai.org |
| | NY Presbyterian | contact to inquire → | Inquire → | Steven M. Samuels 212-746-0596 |
| | NYU School of Medicine | contact to inquire → Call Review, Lecture | Inquire → | danielle.milbauer@nyumc.org http://cme.med.nyu.edu/course |
| QN | Elmhurst Hosp | Call Review: Trauma Rounds | A1-22 Auditorium 1st Wednesdays, 1300-1400 | Anju Galer, RN 718-334-5724 galera@nychhc.org |
| | Mt Sinai Qns | Call Review, Lecture | 25-10 30 Ave, conf room | Donna Smith-Jordon 718-267-4390 |
| | NYH Queens | contact to inquire → | East bldg, courtyard flr | Mary Ellen Zimmermann RN 718-670-2929 |
| | Queens Hosp | Call Review | Emergency Dept 2 nd & 4 th Thurs 1615-1815 | Maria Jones or Julia Fuzailov 718-883-3070 |
| | St John's University | contact to inquire → Call Review | 175-05 Horace Harding Expwy | 718-990-8436 www.stjohns.edu/ems/cme |
| | St John's Episcopal | contact to inquire → Lecture | 1 st floor Board Room | Michelle Scarlett mscarlet@ehs.org |
| SI | RUMC | contact to inquire → Call Review, Lecture | Inquire → | Tony McKay NRP amckay@rumcsi.org |
| | SIUH North & South | contact to inquire → Call Review | Inquire → | 718-226-5032 www.statenislandem.com |

2015 NYC REMAC Examination Schedule

updated 2/17/15

| Month | Registration Deadline | Refresher exams ¹ | | | | Basic exams ² | NYS/DOH Written ³ |
|-----------|-----------------------|------------------------------|--------------|--------------|--------------|--------------------------|------------------------------|
| | | No fee for exam | | | | | |
| January | 1/1/15 | 1/12 @18:00 | 1/15 @18:00 | 1/21 @10:00 | 1/21 @18:00 | 1/14 @18:00 | 1/15/15 |
| February | 2/1/15 | 2/18 @10:00 | 2/18 @18:00 | 2/19 @18:00 | 2/23 @18:00 | 2/11 @18:00 | 2/19/15 |
| March | 3/1/15 | 3/18 @10:00 | 3/18 @18:00 | 3/23 @18:00 | 3/26 @10:00 | 3/16 @18:00 | 3/19/15 |
| April | 4/1/15 | 4/22 @10:00 | 4/22 @18:00 | 4/23 @18:00 | 4/27 @18:00 | 4/20 @18:00 | 4/16/15 |
| May | 5/1/15 | 5/15 @18:00 | 5/18 @18:00 | 5/20 @10:00 | 5/20 @18:00 | 5/13 @18:00 | 5/21/15 |
| June | 6/1/15 | 6/17 @10:00 | 6/17 @18:00 | 6/19 @18:00 | 6/22 @18:00 | 6/15 @18:00 | 6/18/15 |
| July | 7/1/15 | 7/17 @18:00 | 7/20 @18:00 | 7/22 @10:00 | 7/22 @18:00 | 7/15 @18:00 | 7/16/15 |
| August | 8/1/15 | 8/17 @18:00 | 8/19 @10:00 | 8/19 @18:00 | 8/21 @18:00 | 8/12 @18:00 | 8/20/15 |
| September | 9/1/15 | 9/16 @10:00 | 9/16 @18:00 | 9/17 @18:00 | 9/21 @18:00 | 9/14 @18:00 | 9/17/15 |
| October | 10/1/15 | 10/15 @18:00 | 10/19 @18:00 | 10/21 @10:00 | 10/21 @18:00 | 10/14 @18:00 | 10/15/15 |
| November | 11/1/15 | 11/18 @10:00 | 11/18 @18:00 | 11/19 @18:00 | 11/23 @18:00 | 11/16 @18:00 | 11/19/15 |
| December | 12/1/15 | 12/11 @18:00 | 12/14 @18:00 | 12/16 @10:00 | 12/16 @18:00 | 12/9 @18:00 | 12/17/15 |

¹ **REMAC Refresher examination** is offered for paramedics who meet CME requirements **and** whose REMAC certifications are either current or expired **less** than 30 days. To enroll, go to the REGISTER link under “News & Announcements” at nycremSCO.org before the registration deadline above. Candidates may attend an exam no more than 6 months prior to expiration. Early testing is **strongly** encouraged; there is no loss of certification time.

² **REMAC Basic examination** is for initial certification, **or** inadequate CME, **or** certifications expired **more** than 30 days. Seating is limited. Registrations **must** be postmarked by the deadline above. Exam fee by \$100 **money order** to **NYC REMSCO** is required.

All Basic candidates must meet new education requirements. Email Christopher.Swanson@fdny.nyc.gov for instructions.

³ **NYS/DOH exam dates** are listed for information purposes only. Scheduling is through your paramedic program or contact NYS DOH for more information.