

# THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

## Regional Emergency Medical Advisory Committee

### Minutes

January 23, 2018

The Regional Emergency Medical Advisory Committee (REMAC) of New York City met on Tuesday, January 23, 2018 at the Offices of the Regional EMS Council, 475 Riverside Drive, New York City. This meeting can be viewed via webcast at [www.nycremsco.org](http://www.nycremsco.org).

<b>Members</b>		<b>Present</b>	<b>Absent</b>
<b>Burn Surgeon (1)</b>	Robert J. Winchell, MD	✓	
<b>Downstate New York Ambulance Association</b>			
Ambulance Service Medical Director (1)	<b>Josef Schenker, MD, Chair</b>	✓	
Emergency Medical Technicians (Basic/Paramedic) (2)	Michael Vatch, EMTP Robert Ackerman, Alt		✓
	Vacant vacant, alt		
<b>EMS Community Emergency Department</b>			
Medical Directors (3)	Nikolaos Alexandrou, MD	✓	
	Christopher Graziano, MD	✓	
	Vacant		
Nurses (2)	Eric Cohen, RN		✓
	Mimi Langsam, RN		✓
Administrators (2)	Kevin Munjal, MD	✓	
	Cindy Baseluos, MD	✓	
<b>FDNY EMS</b>			
Commissioner or Non-Physician Designee	Vacant		
Medical Director (3)	Dario Gonzalez, MD	✓	
	Glenn Asaeda, MD	✓	
	Bradley Kaufman, MD, 2 <sup>nd</sup> Vice Chair	✓	
Online Medical Control Physicians (2)	Doug Isaacs, MD		✓
	Nathan Reisman, MD	✓	
Emergency Medical Technicians (Basic/Paramedic) (2)	vacant		
	Joshua Bucklan, RN, EMTP	✓	
<b>Greater New York Hospital Association</b>			
President or Non-Physician Designee (1)	Alison Burke		✓
Emergency Physician (1)	Jeffrey Rabrich, MD, 1 <sup>st</sup> Vice Chair	✓	
Ambulance Service Medical Director (1)	Heidi Cordi, MD		✓

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On Line Medical Control Physicians (2)	Lewis Marshall, JD, MD	√	
	Michael Redlener, MD Michael Hilton, MD, alternate		√
Emergency Department Administrator (2)	Vacant		
	Pamela Lai, MD	√	
Emergency Medical Technicians (Basic/Paramedic) (2)	Dominick Battinelli, EMTP	√	
	Scott Chiang, EMTP	√	
Medical Society of New York Physician (1)	Peter Wyer, MD	√	
<b>Medical Standards Committee</b>			
ALS Physician (1)	Paul Barbara, MD	√	
BLS Physician (1)	David Ben-Eli, MD	√	
New York City Department of Health & Mental Hygiene- Emergency Preparedness Program Physician (1)	Celia Quinn, MD, MPH Timothy Styles, MD, MPH, alternate	√	
New York City Health & Hospitals Corporation Physician (1)	Vacant		
New York City Police Department Physician (1)	Charles Martinez, MD	√	
<b>NYS Volunteer Ambulance &amp; Rescue Association/District 4 &amp; 18</b>			
Ambulance Service Medical Director (1)	Joseph Bove, MD		√
Emergency Medical Technicians (Basic/Paramedic) (2)	Martin Grillo, EMTP	√	
	Vacant		
Pediatric Emergency Medicine Physician (1)	Matthew Harris, MD	√	
	Stephen Blumberg, MD, alternate		
Psychiatric Emergency Medicine Physician (1)	William Fisher, MD	√	
Regional EMS Council NYC Physician (1)	Robert Crupi, MD	√	
Training & Education Committee Physician (1)	Jessica van Voorhees, MD		√
Trauma Surgeon (1)	Arthur Cooper, MD	√	
	Gary Marshall, MD, alternate		
<b>Non-Voting Members</b>			
At Large	Yedidiah Langsam, PhD, EMTP		√
At Large	Anthony Shallash, MD	√	
Public	Christopher Sorrentino, RN		√

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**STAFF:** Marie Diglio, Executive Director Operations  
Joseph Raneri, Disaster Preparedness Coordinator

**GUESTS:** Madeline Fong, BMCC  
Albert Arslan, FDNY  
Matthew Mehmal, FDNY  
Ben Zabar, FDNY

Dr. Josef Schenker, Chair, called the meeting to order. For the purposes of web casting, a roll call was performed. A quorum was present.

The Minutes of the November 14, 2017 REMAC Meeting were unanimously approved.

**Voting Requirements. A quorum is based on the number of voting seats – whether they are filled or vacant. Currently, REMAC has 30 voting seats, so when voting, a majority of members must vote in the affirmative to pass any motion. That means, 16 votes in the affirmative are needed to pass any motion.**

## ***CORRESPONDENCE REPORT***

*The Offices of the Council received the following correspondence:*

- Membership:
  - Sheldon Teper, MD, Chair, H&H Trauma Council, nominates Cherisse Berry, MD, Assistant Professor of Surgery, Department of Surgery, NYU School of Medicine, to fill the vacant H&H Physician seat. A CV was submitted.
    - Approved by REMAC
- From FDNY:
  - Letter from Glenn Asaeda, Chief Medical Director, OMA, reporting updated trauma notification data. In response to discussion at November 14, 2017 meeting.
- From NYS DOH:
  - Letter to Jacobi Medical Center stating support for Pediatric Level II Trauma Center application. Pending verification site visit.

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- Public Notice from New York State Department of Health, Bureau of EMS, Operations Unit, to be read into the REMAC Minutes of the following enforcement actions:

Provider /Agency Name	EMT / Agency #	Penalty	Violation	County of Residence
None				

*The Office of the Council sent the following correspondence:*

- The following were sent, at a minimum to Medical Standards and REMAC members:
  - Agendas, Minutes and associated attachments for the meeting.
  - REMAC Advisories: (Also sent to all EMS Agencies in NYC and posted to REMSCO website)
    - 2017-13 REMAC Advisory Diazepam Shortage
    - 2017-14 REMAC Advisory Protocol Update 503B & 528
    - 2017-15 REMAC Advisory GOP Diazepam Shortage

## SUBCOMMITTEE REPORTS

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### Executive Committee

No report

### Medical Standards (David Ben-Eli, MD, Chair)

There were two (2) action items for action:

Item #1: Typographical correction

- GOP Prehospital Sedation, Page A17
- States administer Midazolam IV/IN for ET and Cardioversion. This should read IO rather than IN.

*A roll-call vote was not needed; not a protocol change, just a clarification.*

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- Item #2: Recommend the Midazolam dose for Prehospital Sedation be changed to, "...up to 5mg." This will be a universal change in all protocols with midazolam, except in the Seizure Protocol and where administered IV. Max dose of 20 mg. This is a temporary change due to shortage of diazepam. Prior to making permanent, must be approved by SEMAC. See Attached GOP with changes highlighted.

*This was a roll-call vote: 23 in favor (unanimous), 0 opposed, 0 abstain. Carried*

The next Medical Standards meeting will be held on February 20, 2018.

## **REGIONAL COUNCIL UPDATE**

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The Regional Emergency Medical Services Council of New York City met on November 28, 2017. The following is a meeting summary:

- Yedidiah Langsam and Arthur Cooper were elected to serve as At Large members of REMSCO NYC. They will be appointed as of January 1<sup>st</sup>, 2018, through June 30, 2021.
- Nancy Benedetto reported that REMSCO continues to work with HIDTA. Narcan data is provided by REMSCO and free naloxone is available to non-FDNY unity. Ms. Benedetto attended a HIDTA conference in Atlanta. REMSCO participates to keep EMS involved and in focus.
- **One New Application for Determination of Need** was received from Ezras Nashim for a five-county ambulance certificate. The application was reviewed and deemed incomplete. Ezras Nashim will be notified in writing of deficiencies.
- No New Applications for Transfer of Operating Authority
- Course Sponsors
  - Expansion Request from Emergency Aid Training (EAT), Inc. was denied.
  - Emergency Medical Educational Services – NEW Course Sponsor Application, was denied.

**No further business remaining, the meeting of the Regional EMS Council was adjourned. The next meeting will be held January 30, 2018.**

## **JOINT REMSCO/REMAC QA COMMITTEE UPDATE (JOSEPH SCHENKER, MD, CHAIR)**

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The Joint Regional Emergency Medical Services Council/Regional Emergency Medical Advisory Committee (REMAC) Quality Improvement Committee will meet on February 7, 2018.

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## STATE EMS COUNCIL/SEMAC UPDATE (*Yedidiah Langsam, PhD*)

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Lewis Marshall, MD, reported the State EMS Council/SEMAC meeting was held on January 9 & 10, 2018, in Albany. The following is a summary:

### SEMAC

1. Mercy Flight protocols approved
2. State BLS Protocols are being updated (CFR & EMT)
  - a. Not yet voted upon, there is time to review and comment
3. NYS Stroke Designation Program
  - a. Proposal to put Stroke into regulations
  - b. 3<sup>rd</sup> party accreditation in progress
4. Nassau REMAC suspended ALS Services Inc for failure to have credentialed providers, medical director and not submitting PCRs
  - a. This is still under discussion. Suspension stayed contingent on submission of QA data as of February 10, 2018.
5. Safety Committee
  - a. Discussed use of tactical gear (ballistic vests) for EMS providers
  - b. Provider fitness & safety being reviewed. Provider fatigue study completed; validation in progress.

SEMSCO did not meet due to lack of quorum.

## UNFINISHED BUSINESS

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No report.

## NEW BUSINESS

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Dr. Schenker asked Dr. Kevin Munjal to report on Healthex. Dr. Munjal stated this EMR program is a real opportunity to increase integration of EMS and hospital data. The Healthex system can electronically send ePCR data to emergency departments. This will require hospital cooperation in providing MR# to EMS. Recommend that REMAC request GNYHA assistance. The intention is that every EMS agency should be able to send prehospital data to hospitals, via Healthex. The collection of MR# must be promoted to EMS Agencies and hospitals need notification. It was stated this is not a HIPPA violation. Additional discussion will take place.

No further discussion, the meeting adjourned at 7:00 pm. **The next meeting of the REMAC is scheduled for February 20, 2018.**

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## PREHOSPITAL SEDATION

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### Definition of Prehospital Sedation:

Prehospital sedation is a fully monitored pharmacologic intervention applied in instances where conscious patients may need short-term analgesic and/or anxiolytic therapy for procedures that may be painful or anxiety-producing, such as Endotracheal Intubation, Synchronized Cardioversion, and Transcutaneous Pacing. Prior permission from Medical Control is required.

### Indications for Prehospital Sedation:

#### Conscious patients requiring *Endotracheal Intubation*

- a) Administer Diazepam 5 – 10 mg, IV bolus. Repeat doses of Diazepam 5 – 10 mg, IV bolus, may be given as necessary. (Maximum total dosage is 20 mg.)

OR

- b) Administer Midazolam ~~1~~ 2 up to 5 mg, IV/IO/~~IN~~ bolus, with a repeat dose of up to 5 mg. After successful intubation, Midazolam 5 mg IV/IO may be repeated. Repeat doses of Midazolam 1 mg, IV/IN bolus, may be given as necessary. (Maximum total dosage is ~~5~~ 20 mg.)

OR

- c) Administer Etomidate 0.3 mg/kg, IV bolus. (Maximum total dose is 40 mg.)  
After successful intubation, administer Diazepam 5 mg IV bolus or Lorazepam 2 mg, IV or IM, or midazolam 5mg IV/IO for continued sedation.
- d) Administer oxygen by nasal cannula at maximum flow rate during laryngoscopy and intubation.

#### Conscious patients requiring *Synchronized Cardioversion* OR *Transcutaneous Pacing*

- a) Administer Diazepam 5 – 10 mg, IV bolus. Repeat doses of Diazepam 5 – 10 mg, IV bolus, may be given as necessary. (Maximum total dosage is 20 mg.)

OR

- b) Administer Midazolam 1 – 2 mg, IV/IO/~~IN~~ bolus. Repeat doses of Midazolam 1 mg, IV/IO/~~IN~~ bolus, may be given as necessary. (Maximum total dosage is 5 mg.)

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OR

- c) For synchronized Cardioversion only, administer Etomidate, 0.15mg/kg, IV bolus. (Maximum total dose is 20 mg.)

**NOTE: Patients receiving prehospital sedation must be continuously administered high concentration oxygen and must be continuously monitored using cardiac monitoring and pulse oximetry.**