

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

Regional Emergency Medical Advisory Committee

Minutes

March 21, 2017

The Regional Emergency Medical Advisory Committee (REMAC) of New York City met on Tuesday, March 21, 2017 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.

| <i>Members</i> | | <i>Present</i> | <i>Absent</i> |
|---|---|----------------|---------------|
| Burn Surgeon (1) | Robert J. Winchell, MD | | √ |
| Downstate New York Ambulance Association | | | |
| Ambulance Service Medical Director (1) | Josef Schenker, MD, Chair | √ | |
| Emergency Medical Technicians (Basic/Paramedic) (2) | Michael Vatch, EMTP Robert Ackerman, Alt | √ | |
| | Vacant vacant, alt | | |
| EMS Community Emergency Department | | | |
| 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 | √ | |
| FDNY EMS | | | |
| Commissioner or Non-Physician Designee | Vacant | | |
| Medical Director (3) | Dario Gonzalez, MD | √ | |
| | Glenn Asaeda, MD | √ | |
| | Bradley Kaufman, MD, 2 nd Vice Chair | √ | |
| Online Medical Control Physicians (2) | Doug Isaacs, MD | √ | |
| | Nathan Reisman, MD | √ | |
| Emergency Medical Technicians (Basic/Paramedic) (2) | Telina Lloyd, EMTP | √ | |
| | Joshua Bucklan, RN, EMTP | √ | |
| Greater New York Hospital Association | | | |
| President or Non-Physician Designee (1) | Alison Burke | | √ |
| Emergency Physician (1) | Jeffrey Rabrich, MD, 1 st Vice Chair | √ | |
| Ambulance Service Medical Director (1) | Heidi Cordi, MD | √ | |
| | Lewis Marshall, JD, MD | √ | |

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

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|--|--|---|---|
| On Line Medical Control Physicians (2) | Michael Redlener, MD | √ | |
| Emergency Department Administrator (2) | Michael Guttenberg, DO | √ | |
| | 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 | | √ |
| Medical Standards Committee | | | |
| 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 | √ | |
| NYS Volunteer Ambulance & Rescue Association/District 4 & 18 | | | |
| 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 | | |
| Non-Voting Members | | | |
| At Large | Yedidiah Langsam, PhD, EMTP | √ | |
| At Large | Anthony Shallash, MD | √ | |
| Public | Christopher Sorrentino, RN | | √ |

STAFF: Nancy Benedetto, Executive Director Administration

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

Marie Diglio, Executive Director Operations
Joseph Raneri, Disaster Preparedness Coordinator

GUESTS: Madeline Fong, EMTP
Robert Goldstein, EMTP, NYPS-ESU
Rich Menaik, MD, FDNY
M. Meredith Masters, MD, FDNY
Michael Milton
David Cooper, Maimonides Medical Center
Robert Goldstein, NYPD ESU

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

Dr. Schenker asked for a moment of silence in remembrance of EMT Yadira Arroyo who died in the line of duty. Dr. Schenker also offered congratulations to Mimi Langsam on the birth of a son.

The Minutes of the February 21, 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:**

- No new information

➤ **From NYS DOH:**

- 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 | | | | |

- NYS DOH BEMS Policy Statement 17-03: Ketamine for Prehospital EMS Service
 - Identifies process for agency approval
- NYS DOH BEMS Policy Statement 17-02: Epinephrine Auto-Injector

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

- This is limited to epi-autoinjectors; not the Check and Inject Program
- Other
 - The Commission on Accreditation of Allied Health Education Programs (CAAHEP) awarded initial accreditation to EMS-Paramedic program at Kingsborough Community College.

The Office of the Council sent the following correspondence:

- Agendas, Minutes and associated attachments for the meeting.
- NYC REMAC Advisory 2017-01: Appendix P – CPAP Revision.

SUBCOMMITTEE REPORTS

Medical Standards Committee (David Ben-Eli, MD, Chair, Paul Barbara, MD, Vice-Chair)

Dr. Barbara presented the seconded motions for discussion and vote:

The following revised protocols were recommended for approval:

- BLS 412 Stroke
- BLS 458 Pediatric Shock
- CFR 358 Pediatric Shock

REMAC discussed the revised Protocols. A roll-call vote unanimously approved the revisions. The revised protocols are attached.

Medical Standards recommended that this year's revised protocols be distributed in June 2017, with implementation date of September 1st, 2017. Agencies may request additional training time. REMAC discussed and approved the recommended protocol distribution and implementation date.

Revisions made to the Certification & Credentialing Administrative Manual were reviewed. Revisions include update of membership and elimination of executive committee. This was discussed by REMAC and approved.

The next meeting of the Medical Standards Committee is scheduled for April 18, 2017.

REGIONAL COUNCIL UPDATE

The Regional Emergency Medical Services Council of New York City meeting was held on Tuesday, March 28, 2017, at the offices of the Regional Council, NYC. The following is a meeting summary:

- Josef Schenker was appointed to the REMAC seat on REMSCO. Dr. Ben-Eli will continue as his alternate.
- At January 2017 SEMSCO meeting, it was stated that if an item is not in Public Health Law it is NOT enforceable. This includes AEDs, epi-pens, and certain NYS DOH policies (06-06). In a turn-around, Lee

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

Burns emailed NYC REMSCO to state that this is not in fact correct, and that Policy 06-06 regarding Ambulance CON's is in effect. This will be investigated further.

- REMSCO staff staffed the NYC EM EOC during snowstorm Stella. Contact information is being updated.
- New Naloxone has arrived and is ready for distribution to Non-Municipal EMS agencies.
- American Medical Response and InstaCare EMS were approved to use ePCRs. AMR has an in-house program, InstaCare is using Creative EMS.
- EMS Week is fast approaching. EMS agencies are asked to provide photos and recommendations for EMS Awards.
- EMT Yadira Arroyo has been posthumously nominated for BLS Provider of the Year.

The next meeting of the Regional EMS Council will be held February 28, 2017

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

The Joint Regional Emergency Medical Services Council/Regional Emergency Medical Advisory Committee (REMAC) Quality Improvement Committee met on Wednesday, March 8, 2017. The following is a summary:

1. Executive Session discussed PCRs
2. MIDAZOLAM FOR EXCITED DELIRIUM AND SEIZURES: Kevin Munjal, MD
 - The dose of midazolam in our region is 10mg IM for both excited delirium and for seizures. Review of the literature, including the ACEP guidelines, suggest that 5mg IM is a more appropriate dose.
 - The QA Committee will consider the data, if available, at FDNY, and consider recommending a change to the dose of IM midazolam to 5mg, with a standing order repeat of 5mg after 5 minutes, and possibly, allowing the EMS provider the discretion to consider a half-dose for patients over age 65 or less than 100 lbs. It is important that REMAC find some way to lower the dose for small or elderly patients (or all patients).
 - The QA Committee shall complete the QA mandate embedded in the protocol as a separate issue. Safety issues and other associated items should be evaluated as QA.
 - EMS agencies will be asked to submit midazolam PCRs or data. The FDNY data will be used to develop specific questions regarding midazolam administration.
3. SAFETY TAG
 - This was still a work in progress. The focus of this Tag is EMS Fatigue. A Pittsburgh study conducted by David Patterson, EMTP, researcher, is being reviewed.
4. Naloxone Usage:

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

- Members were emailed ePCR data elements and those data elements currently collected. QA must decide what studies it wants conducted.
 - Drs. Lai & Redlener will develop proposals on the types of data and reports that might be helpful to the QA Committee.
5. Mobile Stroke Unit:
- NYPH will be providing outcome information for the next meeting. Dr. Redlener suggested that NYPH be contacted and asked to attend our next meeting and provide an update. Possibly invite Dr. Asada, FDNY, to that meeting.
6. Trauma Survey:
- Marie Diglio reported that she and Nancy Benedetto attended the RTAC meeting held on March 6, 2016. We are working with RTAC to identify specific trauma patient criteria from the CDC/ACS and compare them to regional trauma patient criteria. This must be done to identify gaps and create training for our providers so that trauma patients are appropriately identified and transported.

The next QA meeting will be held on Wednesday, May 3, 2017 at 3:00 pm at the Mount Sinai Hospital. Specific address will be sent out with the agenda.

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

No report. The next State EMS Council/SEMAC meeting will be held on May 9 – 10, 2017, in Albany.

UNFINISHED BUSINESS

Dr. Schenker reported that Matt Friedman, MD, Maimonides Medical Center, has been working on language to update physician credentials for physicians overseeing Mass Gatherings. Requirements for Mass gatherings are currently under Part 18 of the NYS PHL. Dr. Friedman has drafted a letter to be sent to the NYS Commissioner of Health, discussing the need for boarded EMS physicians. All REMAC members have been emailed copies of the letter. After short discussion, sending this letter was supported by REMAC.

NEW BUSINESS

New Business: Dr. Schenker reviewing regional staffing standards, specific to community paramedicine. Non-transporting ALS units, not operating in the 911 system, and dispatched by methods other than 911. This will be reviewed, and a draft will be sent to members for review prior to any action.

No further discussion, the meeting adjourned at 8:00 pm. **The next meeting of the REMAC is scheduled for April 18, 2017.**

REVISED DRAFT

412

STROKE (CEREBROVASCULAR ACCIDENT)

1. Monitor the airway.
2. Administer oxygen.
3. Place the patient in a head-elevated (Semi-Fowler's) or left lateral recumbent (recovery) position as necessary to maintain the airway.

NOTE: A GLUCOMETER (IF AVAILABLE) SHOULD BE USED TO DOCUMENT BLOOD GLUCOSE LEVEL PRIOR TO ADMINISTRATION OF GLUCOSE, FRUIT JUICE OR SODA.

~~IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, WITHHOLD TREATMENT FOR HYPOGLYCEMIA.~~

IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, TREATMENT FOR HYPOGLYCEMIA SHOULD BE WITHHELD. IF GLUCOSE IS BELOW 60, REFER TO PROTOCOL 411 AMS.

4. Assess for Stroke Patient Criteria. (See Appendix R.)
 - a. Do **not** delay transport.
5. Transport.

REVISED DRAFT

358

PEDIATRIC SHOCK

Shock in the child is characterized by signs of inadequate peripheral (distal) perfusion, which may include altered mental status, rapid pulse, pale cool skin, cyanotic lower extremities, mottling, delayed capillary refill, and weak or absent peripheral (distal) pulses.

The definition of shock in the child *does not* depend upon blood pressure.

1. Monitor the airway.
2. Observe spinal injury precautions; if appropriate (see Protocol #321)
3. Administer oxygen.

NOTE: High concentration oxygen should always be used in pediatric patients.

~~4. If patient has an altered mental status, the patient must be ventilated at the rate of at least 20 breaths per minute.~~

5. Control external bleeding.
6. Update dispatch of a high priority patient.
7. Continue to monitor initial assessment, keeping the child warm.
8. Elevate the legs.
9. Treat all injuries as appropriate.

REVISED DRAFT

458

PEDIATRIC SHOCK

NOTE: Shock in the child is characterized by signs of inadequate peripheral (distal) perfusion, which may include altered mental status; tachycardia; pallor; cool, cyanotic lower extremities; mottling; weak or absent peripheral (distal) pulses. The definition of shock in the child does not depend upon blood pressure.

1. Monitor the airway.
2. Observe spinal injury precautions, if appropriate. (See Protocol #421.).
3. Administer oxygen.

NOTE: High concentration oxygen should always be used in pediatric patients.

~~4. If patient has an altered mental status, the patient must be ventilated at the rate of at least 25 breaths per minute.~~

5. Control external bleeding.
6. Request Advanced Life Support assistance.

NOTE: Do not delay transport to the hospital.

7. Transport, keeping the child warm.
8. Elevate the legs.
9. Treat all injuries as appropriate.