

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

## Regional Emergency Medical Advisory Committee

### Minutes

September 12, 2017

The Regional Emergency Medical Advisory Committee (REMAC) of New York City met on Tuesday, September 12, 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](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)	Telina Lloyd, EMTP	✓	
	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 Neal Flomenbaum, 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)	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	✓	
<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:** Nancy Benedetto, Executive Director Administration  
Marie Diglio, Executive Director Operations  
Joseph Raneri, Disaster Preparedness Coordinator

**GUESTS:** Albert Arslan, FDNY  
Robert Bristol, NYCEM  
James Downey, NYSVA&RA  
Madeline Fong, EMTP  
Mordy Goldfeder, NYCEM  
Robert Goldstein, EMTP, NYPS-ESU  
Benjamin Zabar, MD, 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 April 18, 2017 REMAC Meeting were unanimously approved. There was no June 6, 2017 meeting due to lack of quorum.

**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: (Dr. Josef Schenker)*

➤ **Membership:**

- None

➤ **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:

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

- Request from Dr. Ron Simon to add STAC and DOH Pediatric Guidelines to REMAC Agenda.
- Add to October meeting agenda.
- NewYork-Presbyterian Hospital Mobile Stroke Unit Updated Report on QA Data (presented at QA Committee, June 21, 2017).

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- Additional correspondence states NYP intention to expand the MSU's technology to include telemedicine. This will allow the team to transition by replacing current neurologist with an IC RN. Allowing direct on-line medical control with neurology teams at comprehensive stroke centers. Also, two additional units will be added (total of three units).

### REMAC DISCUSSION:

- Dr. Schenker stated correspondence asks for expansion to three (3) units.
- NYP Team was present and gave QA data information and answered questions.
- Telemedicine model will use an advanced provider (NP or PA) to consult with in-house neurologist.
- Plans include expansion to Queens.
- Both Dr.s Schenker and Asaeda (FDNY) reviewed data, and reported efficacy and safety of this project. No patient harm issues.
- Neal Floembaum, MD, **MOTIONED** that the expansion be approved, seconded by Joseph Bove, MD. Voted as follows: 18 in-favor, 0 opposed, 2 abstain. Motion carried.
- Josef Schenker, MD, **MOTIONED** that telemedicine use of an advanced practitioner (NP/PA) to consult with in-house neurologist be approved, seconded by Lewis Marshall, MD. Voted as follows: 19 in-favor, 1 abstain, 0 opposed. Motion carried.

- Request from NewYork-Presbyterian Hospital for approval of a pilot Community Paramedicine program focused on high-risk patients with chronic CHF.

### REMAC DISCUSSION:

- This program is limited to NYP CHF patients.
- This may help drive the NYS DOH on Community Paramedicine.
- Jeffrey Rabrich, MD, **MOTIONED** that pilot Community Paramedicine program focused on high-risk patients with chronic CHF be approved, seconded by Joseph Bove, MD. Voted as follows: 19 in-favor, 1 abstain, 0 opposed. Motion carried.

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- Copy of, “Report of a Trial of a New Intranasal Naloxone Delivery Device.” To be evaluated for discussion of revising regional AMS Protocol 411.
  - Copy emailed to Medical Standards Committee and REMAC members.

## REMAC DISCUSSION:

- Josef Schenker, MD, reported that the REMAC Executive Committee met several times during the summer, related to naloxone and drug shortages.
- Due to drug shortage of Dextrose, the Executive Committee added a NOTE to ALS Protocol 503-B: Pulseless Electrical Activity (PEA)/Asystole to with-hold dextrose if BGL is above 60 mg/dl. **MOTION:** to accept the change as permanent, even after drug shortage is over. Roll-call vote as follows: 5 in-favor, 11 opposed, 4 abstain. The motion did not carry, and the protocol will revert to original language after drug shortage is ended.

- Request for 911 tapes/call info from Traub Lieberman LLP. They will be sent a memo stating REMAC/REMSCO do not maintain any patient care records.
- ALS Renewal Application from:
  - Northshore Ambulance & Oxygen Service, Inc. (7360)
  - NYU Hospitals Center (0108)
  - Wyckoff Heights Medical Center Ambulance Service (0686)
- Notification of Completed Protocol Update from:
  - Glen Oaks VAC
  - Request for extension from Primary Care Ambulance. (1-month extension granted.)

## *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.
  - Rescue Task Force Medical Protocols (for use only by EMS Providers operating as Part of a Rescue Task Force).
    - A public notice was issued and letter sent to SEMAC requesting these protocols be placed on the September Agenda. NYS DOH staff responded that barring no negative

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feedback from NYC REMAC, the protocols would be on the SEMAC September Agenda.

- REMAC Advisories: (Also sent to all EMS Agencies in NYC and posted to REMSCO website)
  - 2017-09 Revision/Update of REMAC Prehospital Treatment & Transport Protocols
  - 2017-10 BLS Glucometry and Pulse-Oximetry
- Draft REMAC Advisory 2017-XX: Revision/Update of BLS Protocol 411: AMS, was distributed ONLY to REMAC Executive Committee during August for review. The Executive Committee decided to table action pending presentation of concept to full REMAC.
- Clarification of authority of OLMC versus Tele Medicine Physicians (Requirements for the Provision of Advanced Life Support Level Care).

## **SUBCOMMITTEE REPORTS**

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

- 1) Certification & Credentialing Committee met on September 14, 2017.
- 2) Weight of exam questions was revised and implemented over summer. New scoring effective September 13, 2017. Refer to REMAC Advisory 2017-06 Paramedic Exam Scoring Changes.
- 1) Action Items: Recommended for approval:
  - a) FDNY Active Shooter Protocols (also called Rescue Task Force Medical Protocols). Roll call vote as follows: 19 in-favor, 1 opposed, 0 abstain. The motion carried. These protocols have been sent out for public notice and to SEMAC.
  - b) CPAP for BLS, roll-call vote, carried
  - c) Dextrose in Asystole, roll-call vote, not carried.
  - d) Location BP, carried
  - e) Implement revised protocols on January 1<sup>st</sup>, with publication immediately after most recent preceding SEMAC meeting. Carried.
  - f) Revise protocols not more than once each year. Carried

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- g) Narcan Dosing: NYS DOH is now providing free narcan in a 4mg dose nasal spray. Recommend higher dose be included in regional protocols as an option. Leave choice to agency medical director. Carried.

**The next meeting of the Medical Standards Committee is scheduled for Tuesday, October 17, 2017.**

## **REGIONAL COUNCIL UPDATE**

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No Report. The next Regional Emergency Medical Services Council of New York City meeting will be held on Tuesday, September 19, 2017, at the offices of the Regional Council, NYC.

## **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 met on May 3, 2017 and June 21, 2017.

The following is a meeting summary:

1. NYPH Mobile Stroke Treatment Unit Team gave a presentation on data collected
2. Stroke care, interventional stroke centers, and the potential change of field treatment was discussed.
3. A Patient Care Restriction was processed.
4. The Midazolam Survey was discussed.
  - a. EMS Agency letter with survey (6-month survey).
  - b. ED Letter out using NYC DOH list.
    - i. All sent out.
5. Mission Lifeline
  - a. STEMI document shared with QA members.
  - b. EMS Stroke quality measures discussed.
6. Safety Tag – updated data collection tool should be completed by September.

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

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No report. The next State EMS Council/SEMAC meeting will be held on September 26-27, 2017, in Albany.

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## UNFINISHED BUSINESS

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Kevin Munjal, MD, again brought forward staffing standards for community paramedicine non-transporting units. The staffing standards were shared with all members prior to this meeting for review. After discussion, REMAC approved the document (attached).

## NEW BUSINESS

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Kevin Munjal, MD, requested the REMAC form a REMAC Community Paramedicine TAG. This Tag was approved by Josef Schenker, MD, Chair of REMAC. Members were asked to communicate their interest in joining the Tag.

No further discussion, the meeting adjourned at 8:00 pm. **The next meeting of the REMAC is scheduled for October 17, 2017.**



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503-B

PULSELESS ELECTRICAL ACTIVITY (PEA)/ASYSTOLE

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NOTE: Consider the possibility of conditions masquerading as PEA/Asystole which require immediate treatment.

1. Continue CPR with minimal interruption.
2. If a tension pneumothorax is suspected, perform Needle Decompression. (See Appendix O.)
3. Perform Advanced Airway Management.
4. Begin an IV/IO/ infusion of Normal Saline (0.9% NS) to keep vein open.
5. Administer Epinephrine 1 mg (10 ml of a 1:10,000 solution) IV/IO bolus.
6. Administer up to 25 gm Dextrose, IV/IO bolus.

**NOTE: A GLUCOMETER SHOULD BE USED TO DOCUMENT BLOOD GLUCOSE LEVEL PRIOR TO ADMINISTRATION OF DEXTROSE OR GLUCAGON.**

**IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, DEXTROSE AND GLUCAGON SHOULD BE WITHHELD.**

7. If there is no change in the rhythm within 3 – 5 minutes, administer Epinephrine 1 mg (10 ml of a 1: 10,000 solution), IV/IO bolus, every 3 – 5 minutes.
8. If there is insufficient improvement in hemodynamic status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

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MEDICAL CONTROL OPTIONS:

- OPTION A: Administer Sodium Bicarbonate 44-88 mEq IV/IO bolus. Repeat doses of Sodium Bicarbonate 44 mEq, IV/IO bolus, may be given every 10 minutes.
- OPTION B: In cases of hyperkalemia or Calcium Channel Blocker overdose administer Calcium Chloride (CaCl<sub>2</sub>) 1 gm, SLOWLY, IV/IO bolus. Follow with a Normal Saline (0.9% NS) flush.
- OPTION C: Begin rapid IV/IO infusion of Normal Saline (0.9% NS), up to three (3) liters.
- OPTION D: Transportation Decision.

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## Community Paramedicine

### Staffing Standards of Non-Transporting ALS Response Units

**Proposed:** To amend the Staffing Standards of Non-Transporting ALS Response Units so that non-911, non-mutual aid, EMS responses can be staffed with a single paramedic provider (as opposed to a paramedic and an EMT).

**Justification:** Single paramedics are the nationwide standard for staffing of non-transporting ALS units. While NYC may continue to require two providers in the 911 system, this inhibits the efficient use of EMS providers in non-911 EMS systems in our region and reduces the availability of transporting ambulances for other purposes such as hospital discharges.

### **OLD LANGUAGE**

#### **Non-Transporting Advanced Life Support Response Units**

Prehospital advanced life support responses provided by non-transporting advanced life support units (advanced life support first response units) dispatched to medical emergencies solely via the 911 emergency response system, and those under contract to be dispatched to medical emergencies via the 911 emergency response system, will be staffed by a minimum of two (2) individuals, both of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in advanced emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

Prehospital advanced life support responses provided by non-transporting advanced life support units (advanced life support first response units) dispatched to medical emergencies by means other than the 911 emergency response system, including those dispatched to medical emergencies via the 911 emergency response system under mutual aid or other similar type of agreement, will be staffed by a minimum of two (2) individuals, at least one (1) of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City. At a minimum, the other must be certified by the New York State Department of Health at the level of Emergency Medical Technician (EMT), following successful completion of course work in basic emergency medical technology at the EMT level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

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## NEW LANGUAGE

### Non-Transporting Advanced Life Support Response Units

Prehospital advanced life support responses provided by non-transporting advanced life support units (advanced life support first response units) dispatched to medical emergencies solely via the 911 emergency response system, and those under contract to be dispatched to medical emergencies via the 911 emergency response system, will be staffed by a minimum of two (2) individuals, both of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in advanced emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

(2 provider rule would still apply to first responders operating in the 911 system under a mutual aid agreement)

Prehospital advanced life support responses provided by non-transporting advanced life support units (advanced life support first response units) dispatched to medical emergencies via the 911 emergency response system under mutual aid or other similar type of agreement, will be staffed by a minimum of two (2) individuals, at least one (1) of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City. At a minimum, the other must be certified by the New York State Department of Health at the level of Emergency Medical Technician (EMT), following successful completion of course work in basic emergency medical technology at the EMT level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

(added a new section allowing single responders only when completely outside of the 911 system)

Prehospital advanced life support responses provided by non-transporting advanced life support units (advanced life support first response units) dispatched to medical emergencies by means other than the 911 emergency response system will be staffed by an individual whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City. **Such units must have a pre-existing agreement with a transporting agency to provide ambulance transport and additional responders when such resources are required.**