



NYC REMAC

PUBLIC NOTICE

PROPOSED REVISIONS PREHOSPITAL TREATMENT PROTOCOLS

The Regional Emergency Medical Advisory Committee (REMAC) of New York City Prehospital Treatment Protocols define the minimum standard of care provided to patients by Certified First Responders (CFRs), Emergency Medical Technicians (EMTs), and Advanced Emergency Medical Technicians-Paramedic (AEMT-Ps) in New York City. These protocols reflect both the curriculum and certification requirements of the New York State Department of Health Bureau of Emergency Medical Services and the Regional Emergency Medical Advisory Committee (REMAC) of New York City.

The REMAC of New York City has proposed revisions to the current regional Prehospital Treatment Protocols.

Deleted language is BOLD RED AND STRUCK-OUT --- **DELETED**

New language is BOLD BLUE AND UNDERLINED --- **NEW**

In order to meet regional needs, the REMAC of New York City is conducting a public notice and is requesting comments from the Emergency Medical community. Comments must be submitted in writing on the attached 'Comment Form' or via email to operations@nycremsco.org. If available, appropriate supporting documentation should also be submitted. **Comments should be limited to the proposed changes and referenced to the specific change. All comments must be received no later than June 12, 2026.**

Draft revised protocols can be reviewed on-line at www.nycremsco.org (under "News and Resources"). All NYC REMAC Protocols can be accessed in their entirety at www.nycremsco.org.

Date Distributed/Posted: June 5, 2026

DIRECT ALL INQUIRES AND COMMENTS TO:

Regional Emergency Medical Advisory Committee of New York City
c/o **Regional EMS Council of NYC**
475 Riverside Drive, Suite 1929
New York, New York 10115
Email: operations@nycremsco.org

PLEASE BE ADVISED THAT pursuant to Section 3004-A of Article 30 of the Public Health Law of the State of New York, the Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop prehospital triage, treatment, and transportation protocols that are consistent with the standards of the State Emergency Medical Advisory Committee and that address specific local conditions with regards to the provision of prehospital medical care rendered by NYS Department of Health certified First Responders, Emergency Medical Technicians and Advanced Emergency Medical Technicians within the City of New York.

Bone and Joint Injuries (Adult and Pediatric)

CFR and All Provider Levels

1. Control external bleeding
2. ABCs and vital signs
3. Airway management and appropriate oxygen therapy
4. Assess for shock and treat as needed
5. Manually stabilize the injury
6. Cover protruding bones and wounds with dry sterile dressings
7. Assess for peripheral pulses, motor function, and sensation to the injured extremity
8. Apply cold pack(s) to closed injury sites

CFR STOP

EMT

9. Immobilize the extremity injury:
 - 9.1 Assess for peripheral pulses, motor function, and sensation to the injured extremity before and after immobilization
 - 9.2 Align the extremity by applying gentle manual traction prior to splinting if the distal extremity has ANY of the following conditions: cyanotic, pulseless or if the long bone is severely deformed. If there is increased pain or resistance, stop and splint extremity in its original position
 - 9.3 Immobilize an injured joint in its position of function. If unable to move the joint due to increased pain or resistance, splint the joint in its original position
 - 9.4 Elevate the extremity
10. For isolated, ~~closed~~-mid-thigh fractures, apply a traction splint as indicated
11. Stabilize potentially unstable pelvic fractures
12. Transport

EMT STOP

Paramedic

Paramedic STOP

Medical Control Options

EMT and Paramedic

13. For reduction of a clinically obvious, isolated medial or lateral patella dislocation:

- Gradually extend the knee while a second provider simultaneously applies pressure on the patella towards the midline of the knee
- Immobilize the lower extremity when the leg is fully extended
- If there is increased pain or resistance, splint the joint in its original position
- If a patella dislocation is uncertain or if the patient’s body habitus prevents accurate assessment, immobilize the joint in its original position

Key Points / Considerations

- Splinting should not delay transport of the critical or unstable patient
- Depending on the traction splint device used, evaluate for any suspected injuries to the pelvis, knee, lower leg, or ankle on the same side of the injury prior to use
- Do not attempt to reduce intra-articular or superior patella dislocations