North Country REMAC

Policy Handbook

Revised 3/2008

North Country Regional Emergency Medical Advisory Committee

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NORTH COUNTRY REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

Policy Statement

No. 96-01

Date: 1996

Re: REMAC

Supercedes:

The REMAC membership for the North Country Regional EMS system will adopt the following policy as of July 1, 1996:

All current policies, procedures, protocols and agreements that are currently in effect shall remain in effect until specifically rescinded or reviewed. The Following is a list of examples not intended to be complete:

1. Hospital participation agreements.
2. Service participation agreements.
3. Hospital designations as receiving or associate.
4. Criteria for physician credentialing for on-line medical control.
5. ALS provider criteria for remaining in good standing.
6. EMS services will perform ALS under medical control and REMAC supervision.
7. All protocols without any changes.
8. Triage, treatment and transportation protocols.
9. Transfer agreements (interfacility).
10. Air medical service agreements, policies, and procedures.
11. Responsibility of services to complete and send copies of PCR's to the Program Agency.

The following are exceptions that the REMAC intends to immediately change as of July 1, 1996:

1. There shall be no designation of any hospital as a resource hospital. The Program Agency shall serve as a resource center.

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Policy Statement

2. All requirements for continuing medical education, which were established by the Central New York Program Agency, will be abolished until such time as this REMAC reconsiders the issue and establishes new guidelines.

3. All services currently providing a given level of care shall continue to have the blessing of this REMAC to provide such level of care only until such time as the REMAC establishes a mechanism for application, at which time consideration will be given to having all services reapply. No service may increase its level of care without specific application to, and approval from this REMAC.

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Policy Statement

No. 96-03

Date: 1/8/97

Re: Communication Policy

Supercedes:

It is the North Country REMAC policy that all patients will be transported to an appropriate Article 28 Medical Facility.

All ambulances on emergency transports to non-medical control facilities must contact a medical control hospital before leaving the scene and give the physician a short report (for possible diversion). This will assure that the patient will be transported to the proper facility.

Do not delay transport if you have a problem with communications. Document the problem on the PCR and notify medical control of the problems.

You may contact medical control hospital by telephone from patients location or by cellular phone. You may also use highband or UHF radio to contact the medical control hospital.

Communications:

Transmit the following information to the emergency department during transport:

1. Ambulance Service Identification.

2. Patient Information

   a. Age and sex

   b. Chief Complaint

   c. Subjective and objective patient assessment findings

   d. Level of consciousness and vital signs

   e. Pertinent history as needed to clarify the problem (mech. Of injury, previous illnesses, allergies, medications, etc.)

   f. Treatment given and patients response

   g. Other pertinent information

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No. 96-03

Date: 1/8/97

Re: Communication Policy

Supercedes:

3. Notification of any delay in transport or of any unusual circumstances.

4. Estimated time of arrival (ETA).

Advise the emergency department of any changes in the patient's condition during transport.

Documentation:

A. Submit a verbal report summarizing the above (patient information) to the responsible medical personnel upon arrival at the emergency department.

B. Submit the hospital copy of the pre-hospital care report (PCR) to the responsible emergency department personnel after all crew members have had the opportunity to review it.

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Policy Statement

No. 97-02

Date: 1/8/97

Re: Non-transporting emergency vehicles

Pages: 1

Supercedes:

The North Country REMAC must approve the use of ALS non-transporting vehicles. Approval will require New York State certification as a BLS non-transporting vehicle and the following:

1. Written policy on securing medications from the environment and unauthorized use.
2. Written policy on emergency driving and how the response vehicle will be utilized.
3. List of members who will use the vehicle.
4. Ownership of the vehicle (agency or provider owned).

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Policy Statement

No. 97-04

Date: 3/12/97

Re: Service Medical Directors

Pages: 1

Supercedes:

All ALS services in the North Country EMS region are required to have a REMAC approved Service Medical Director.

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Policy Statement

No. 98-03

Date: 11/7/98

Re: Dispatch

Pages: 1

Supercedes:

The North Country Regional EMS Council and the North Country REMAC recommend the following guidelines be incorporated into each county's EMS dispatch policy. This recommendation was developed in response to a time study completed by the North Country EMS Program Agency for the North Country Regional Council in March of 1998.

The recommended policy is as follows:

0 minutes	Request for ambulance made to dispatch center. Dispatcher activates ambulance service that holds CON for that area.
4 minutes	If the primary agency has not acknowledged the call, reactivate the primary agency and also the closest mutual aid ambulance.
8 minutes	If no ambulance is responding, reactivate both agencies and dispatch the closest staffed ambulance.

The agency that holds the CON for that area may cancel the mutual aid agency only if the ambulance is enroute with appropriate staff and will arrive sooner than the mutual aid ambulance.

Definitions:

Acknowledge – a crew (including driver and EMT) has informed dispatch that they will be responding.

Responding – Ambulance is moving towards the call location and has a crew that includes an EMT and driver. The EMT may meet the ambulance at the scene.

Staffed – Any service that has the appropriate staff (driver and EMT) on site. This will also include ambulances that are returning to their stations from the hospital.

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Policy Statement

No. 98-04

Date: 11/7/98

Re: Automatic ALS Dispatch

Pages: 1

Supercedes:

IT IS THE NORTH COUNTRY REMAC POLICY THAT SIMULTANEOUS DISPATCH OF BLS AND ALS RESOURCES SHOULD ONLY BE PROVIDED UNDER THE DIRECTION OF DISPATCHERS TRAINED IN THE PRINCIPALS OF EMERGENCY MEDICAL DISPATCH (EMD) FOR THOSE CALLS IDENTIFIED BY A RECOGNIZED DISPATCH ALGORITHM. (NYS DOH POLICY 98-09)

If a NYS EMT-D/B decides that the patient will not require ALS, he/she may cancel the responding agency and document the reasons on the pre-hospital care report.

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Policy Statement

No. 99-03

Date: 3/10/99

Re: Responsibility for ALS Patient Care

Pages: 1

Supercedes:

Advanced level EMT providers may release patients not having received or not requiring ALS to a provider of lesser certification for care and transportation to an appropriate facility.

The one exception to this policy is when transportation is by MAST helicopter. An Advanced level provider may transfer care to a military medic who can maintain an intubated patient and/ or an IV. These military medics cannot initiate care, but only maintain it during the transport. If the advanced level provider does not feel comfortable transferring care, he/ she may accompany the patient in the helicopter or transport by ground.

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Policy Statement

No. 2001-01

Date: 3/22/01

Re: Blood Draws in the Field

Pages: 1

Supercedes:

It is not the policy of the North Country REMAC to allow blood draws for in-hospital laboratory analysis as part of pre-hospital patient care.

All equipment used for this procedure must be removed from the ambulance.

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Policy Statement

No. 2002-01

Date: 1/08/02

Re: Interfacility Transports of patients with "non-protocol drug"

Pages: 1

Supercedes: none

THE NORTH COUNTRY REMAC'S POLICY REGARDING THE INTERFACILITY TRANSPORT OF A PATIENT WITH A "NON-PROTOCOL DRUG" SHALL BE AS FOLLOWS:

The EMT-CC's and EMT-P's may provide interfacility transport care without a nurse for a patient who is need of a "non-protocol drug" if the following conditions have been met:

- A training plan is developed for agency-based training of the providers who will be administering this non-protocol drug.
- The training plan must contain the following elements; medication description, pharmacology and pharmacokinetics, indications and contraindications, precautions, dosage and routes.
- The use and training plan are approved of by the Service Medical Director, prior to submission to the REMAC for their approval.
- The use of and training plan are REMAC approved, prior to initiation.
- The EMT has completed an agency level training/education regarding the use of the "non-protocol drug".
- Each agency must maintain training records for each provider who has completed this training.
- Each agency must maintain records of each transport in which this "non-protocol drug" was administered. (Completion of the PCR)

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Policy Statement

No. 2003-02

Date: 9-2003

Re: Albuterol by Basics

Pages: 1

Supercedes: Policy 2002-02

On March 25, 2002 North Country REMAC revised Policy 2001-06 Albuterol for Basics.

Only Basic and Intermediate EMT's who have received both, the appropriate training and have REMAC authorization to provide this care, will be allowed to administer Albuterol. Not all EMT's in the agency must be trained in order to provide this. It is strongly recommended that all EMT's be trained.

Albuterol is not a BLS medication, but under specific circumstances, BLS providers will be able to provide a necessary treatment to a patient in need while awaiting ALS hookup during transport to the hospital.

A BLS provider will have a standing order for the ***first albuterol,*** if the patient is between the ages 1 and 65 and having been diagnosed with asthma.

If the patient's condition does not improve, Medical Control ***must*** be contacted for a possible repeated dose, for a total of two.

If patient exhibits signs of imminent respiratory failure, EMT-B's and I's will refer to NYS BLS protocols for adult or pediatric respiratory arrest.

Medical Control ***must*** be contacted ***prior to*** administering albuterol, if under age 1 or over age 65 or has a diagnosed cardiac history, as it is not a standing order* for these people.

Medical Control ***must*** be contacted for any patient refusing medical assistance and/or transport.

This protocol applies to all agencies/providers in the North Country Region. All EMT-B and above providers will be trained in the assessment and administration of albuterol. Although the REMAC strongly urges all EMT First Response and transporting agencies to be able to provide this care, each agency will have the option.

Minimum supplies to be stocked on board will be no less than 3 single dose albuterol treatments and 2 handheld nebulizers.

A protocol has been developed (attached) and a training program must be attended prior to implementation.

**Standing Order – if the patient falls within the given parameters the EMT may provide the medication without requesting permission from Medical Control.*

North Country Regional Emergency Medical Advisory Committee

ALBUTEROL Treatment Protocol

For use by EMT – Basic and AEMT – Intermediate providers who have received both the appropriate training and have REMAC authorization to provide this care.

For patients between one (1) and sixty-five (65) years of age, who are experiencing an exacerbation of their previously diagnosed Asthma. For patients with severe respiratory distress, request advanced life support. Do not delay transport.

1. Assess the airway
2. Administer oxygen

IF PATIENT EXHIBITS SIGNS OF IMMINENT RESPIRATORY FAILURE REFER TO NYS BLS PROTOCOL FOR ADULT OR PEDIATRIC RESPIRATORY DISTRESS

3. Monitor breathing
4. Do not permit physical activity.
5. Place the patient in a Fowler's or Semi-Fowler's position
6. Access the following prior to administration of the first nebulized treatment:
   - Vital Signs
   - Patient's ability to speak in complete sentences
   - Accessory Muscle use
   - Wheezing - may or may not be present – auscultate lungs
   - Assessment of severity: (1 to 10 scale)

Note: Contact medical control prior to administrating albuterol for patients with a history of angina, myocardial infarction, arrhythmia or congestive heart failure.

7. Begin transport
8. Administer Albuterol Sulfate 2.5 mg in 3.0 ml (cc)via Nebulizer (1 single unit dose). Set oxygen flow rate of 6-8 liters per minute or at a rate that will deliver the solution over 5 minutes to 15 minutes.
9. After initial dose, if symptoms persist, contact medical control for further orders.
10. Reassess the patient (see No. 6 above). Upon completion of patient treatment and transfer of patient care to an ALS Provider or Receiving Hospital, document all findings on the PCR.

Note: Medical control must be contacted for any patient refusing medical assistance or transport.

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Policy Statement

No. 2003-07

Date: December 2003

Re: CME Evaluator Status

Pages: 1

Supercedes: 98-05

In order to be an evaluator in the NCEMS Region, you must do the following:

Fill out an application meeting the following requirements:

1. Be an active AEMT in the NCEMS system, and be in good standing.
2. Must be NYS certified.
3. Have 2 or more years of active experience as a basic EMT or higher.
4. Instructor background is recommended.
5. Fill out an application completely with all information requested, and return it to the Program Agency.

Maintaining CME Evaluator Status:

1. Should provide at least one CME training/evaluation session per year.
2. Participate in all required training updates as required.
3. CME Evaluators who evaluate more than ten (10) providers for a semester, will be exempt from having to submit CME skills for themselves for that semester. (Evaluator will need to keep a record if they wish to use this.)

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Policy Statement

No. 2004-03

Date: December 2003
revised 2-18-2004

Re: Medical Control/Destination

Pages: 1

Supercedes: 99-06, 97-01'
96-03, 2003-05

All ambulances on emergency calls should contact a medical control hospital before leaving the scene when it will not delay transport. The medical control physician may divert the ambulance to a more distant facility. The patient does have the right to refuse to go to another hospital. Also, please note that some agencies Policies and Procedure may not allow for transport to a more distant facility. (Per DOH Policy this is acceptable.)

Fort Drum Ambulance (and ambulances under contract and dispatched by Fort Drum) may transport patients located on the Fort Drum Military Post to Guthrie Clinic. Ambulances called onto post for mutual aid must transport to a regionally approved facility.

Transports to Canada - If a patient request transport to Canada and is stable, the ambulance may transport to a Canadian hospital with a medical control order. If the patient requires ALS, the ambulance should transport to the closest appropriate hospital in the absence of a medical control order to the contrary.

The following is the list of hospitals that are regionally approved and their status as either a medical control hospital or a receiving hospital.

1. Carthage Area Hospital – Receiving
2. River Hospital, Alex Bay- Receiving
3. Samaritan Medical Center – Medical Control
4. Lewis County General Hospital – Medical Control
5. Claxton Hepburn Medical Center – Medical Control
6. Clifton Fine Hospital – Medical Control
7. Canton-Potsdam Hospital – Medical Control
8. Massena Memorial Hospital – Medical Control
9. E.J. Noble Hospital, Gouverneur - Recieving

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Policy Statement

No. 2004-06

Date: 9/20/01 revised 2-18-2004

Re: EMS ILS/ALS Agency Down Grade

Pages: 1

Supercedes: 2001-04

Pursuant to Part 800.11 Advanced Emergency Medical Technician Certification, (b) No person certified pursuant to these regulations or required to be certified (see Article 30 PHL) shall practice above the level of emergency medical technician-basic except as part of an advanced life support system.

All Advanced Life Support (ILS, EMT-CC, or EMT-P) Non-transporting and transporting services and personnel providing said level of care in the NCEMS Medical Control System (Jefferson, Lewis, and Saint Lawrence counties) fall under the medical oversight of the North Country REMAC.

Privilege extended to provide this level of care is dependant on meeting and maintaining all credentialing and CME requirements as required by REMAC for said agency and all advanced level personnel. Any agency not able to maintain advanced level personnel and requirements are subject to downgrade in level of service capabilities under one or more of the following conditions:

- **Agency Request:** an agency who is unable to meet the ILS/ALS requirements may request a downgrade in service. The request must be in writing on company letterhead and signed by the executive officer. The request should be addressed to the NCEMS REMAC c/o NCEMS Program Agency.

- **ILS/ALS Personnel Request for "Inactive Status":** If said agency's only ILS/ALS provider requests to be placed in "inactive Status", the agency will be notified by the NCEMS Program Agency via certified mail. If within 30 days from signing of the letter the provider has not returned to "Good Standing" status and/or no other ILS/ALS provider(s) have become member(s) of said agency it will be necessary to downgrade the service to the BLS level of care. All ILS/ALS equipment and/or medications will be removed from all emergency service vehicles of said agency.

To be re-instated as an ILS or higher level of service, the agency must complete the agency upgrade process as established by REMAC.

The NCEMS Program Agency will notify the County EMS Office and DOH of the Downgrade in service.

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Policy Statement

No. 2004-07

Date: 9/18/97 Revised on 2/22/01, 2-18-2004

Re: Regional CQI Study

Pages: 1

Supercedes: 2001-02

All agencies in the North Country EMS region must participate in all REMAC regional CQI studies. The regional CQI screen must be submitted with the PCR's to the North Country EMS Program Agency to be received by the 15th of each month per REMAC Letter of Agreement signed by each agency.

Failure to comply with this policy will result in the suspension or restriction of the agency's ILS/ALS privileges within the North Country Medical Control System. To regain ILS/ALS Privileges, the agency must complete a service upgrade process through REMAC.

Prior to suspension of privileges, the Local Government Officials, i.e. Mayor, Town Supervisor, Etc., will be notified.

NORTH COUNTRY REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

Policy Statement

No. 2004-8

Date: 2/10/00

Re: Nitrates and Erectile Dysfunction Medications

Pages: 1

Supercedes: 2000-1

The REMAC membership for the North Country Regional EMS system has adopted the following as of June 2, 2004:

The administration of Nitroglycerin, in any form, is contraindicated if **VIAGRA** (Sildenafil Citrate) or **LEVITRA** (Vardenafil HCl) has been ingested within the past twenty four **(24)** hours. Nitroglycerine is not to be administered to patients who have taken **CIALIS** (Tadalafil) within the past forty eight **(48)** hours.

Fatal hypotension has been reported when Nitroglycerine or other Nitrates are given to patients who have used Viagara or Levitra in the last 24 hours, and in patients who have used Cialis in the last 48 hours.

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Policy Statement

No. 2004-10

Date: 9-2004

Re: Weapons of Mass Destruction

Pages: 1

Supercedes:

AT THE SEPTEMBER MEETING OF REMAC IT WAS DECIDED TO IMPLEMENT THE FOLLOWING POLICY STATEMENT:

Each agency is to follow their respective counties Weapons of Mass Destruction and Haz-Mat Policy/Guidelines. We recommend that you contact your county to become familiar with how this program/policy is implemented and what your role will be when it is implemented.

If you need further assistance, please contact the Program Agency.

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Policy Statement

No. 2004-12

Date: 11-2004

Re: Medical Control

Pages: 1

Effective: 11/17/04

Use with: 2004-03

All NCEMS Medical Control Physicians ***must*** contact the receiving Emergency Department immediately following their Medical Control Order requiring the transporting ambulance service to bypass their facility to go to another. It is desirable that this call be placed physician to physician.

NORTH COUNTRY REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

Policy Statement

No. 2006-1

Date: 01-18-06

Re: 12 Lead EKG Acquisitions

Pages: 1

Effective: 3/6/06

PURPOSE:

Determine if chest pain patients have indications of Myocardial Infarction early in the stages of treatment.

CRITERIA:

Inclusion Criteria:

Patients that are 18 years of age or older, who are complaining of non-traumatic chest pain.

Exclusion Criteria:

Patients with a systolic BP less than 90.

Patients who have an unstable arrhythmias.

Any patient in which the prehospital provider feels the delay could be detrimental.

NOTE:

At no time should the 12-Lead ECG application alter routine patient care or significantly delay (>5 minutes) transport of the patient with a suspected myocardial infarction.

PROCEDURE FOR AEMT-CC/AEMT-P ONLY:

- BLS/ALS patient care in accordance with regional/state protocols for patients with chest pain
- Obtain a verbal consent from the patient to acquire a 12-Lead ECG
- Apply the chest and limb leads in accordance with REMAC approved training guidelines
- Obtain an initial 12-Lead ECG at the onset of patient care at the scene
- Save the initial 12-Lead tracing in memory (Save all subsequent 12-Leads when applicable)
- Obtain additional 12-Lead ECGs at any time during the call if pain status changes or changes are monitored on the rhythm strip.
- If requested and capable, transmit any 12-Lead ECGs to medical control station
- Attach a copy of the 12-Lead ECG to the NYS PCR (original and hospital copies)

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Policy Statement

No. 2006-2

Date: 04/12/06

Re: 2005 AHA Guidelines

Pages: 1

Effective: 5/5/06

PURPOSE:

Update policy within the NCEMS region as a result of the American Heart Association's 2005 Guidelines.

STATEMENT:

The New York State SEMAC and SEMSCO approved the AHA BLS 2005 Guidelines for Lay Rescuers and Health Care Providers at their March 7-8 2006 meetings. The North Country's REMAC requires that all EMS agencies in the tri-county region ensure Basic Life Support CPR updates are provided to their EMS personnel on or before October 1, 2006. The State Emergency Medical Advisory Committee also requires that all upgraded equipment must conform to the 2005 AHA Guidelines for CPR/AED use. It is understandable that your service use existing AED's until manufacturers make the updates available. You should contact your AED's manufacturer directly for specific information and details to update/upgrade your AED.

EMT-CC/EMT-P AGENCIES/PERSONNEL:

Upon completion of the AHA BLS Health Care Provider update, all manual defibrillations should be performed ***once*** at 360 joules or the manufactures recommended biphasic equivalent. Stacked defibrillations are no longer recommended.

When confronted with an ***unwitnessed*** adult Cardiac Arrest, do 2 minutes of CPR prior to your first defibrillation. ***Witnessed*** Adult Cardiac Arrests, Start CPR, prepare for defibrillation and deliver one shock as soon as possible with minimum hands off interval time.

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Policy Statement

No. 2006-2A

Date: 09/13/06

Re: 2005 AHA Guidelines

Pages: 1

Effective: 9/13/06

Supercedes: No. 2006-2

PURPOSE:

Update policy within the NCEMS region as a result of the American Heart Association's 2005 Guidelines. **REMAC Policy 2006-2 (2005 AHA Guidelines) has been extended from its original October 1, 2006 deadline to March 1, 2007. This is a result of unforeseen delays in the access to education materials and defibrillator upgrades**.

STATEMENT:

The New York State SEMAC and SEMSCO approved the AHA BLS 2005 Guidelines for Lay Rescuers and Health Care Providers at their March 7-8 2006 meetings. The North Country's REMAC requires that all EMS agencies in the tri-county region ensure Basic Life Support CPR updates are provided to their EMS personnel on or before **March 1, 2007.** The State Emergency Medical Advisory Committee also requires that all upgraded equipment must conform to the 2005 AHA Guidelines for CPR/AED use. It is understandable that your service use existing AED's until manufacturers make the updates available. You should contact your AED's manufacturer directly for specific information and details to update/upgrade your AED.

EMT-CC/EMT-P AGENCIES/PERSONNEL:

Upon completion of the AHA BLS Health Care Provider update, all manual defibrillations should be performed ***once*** at 360 joules or the manufactures recommended biphasic equivalent. Stacked defibrillations are no longer recommended.

When confronted with an ***unwitnessed*** adult Cardiac Arrest, do 2 minutes of CPR prior to your first defibrillation. ***Witnessed*** Adult Cardiac Arrests, Start CPR, prepare for defibrillation and deliver one shock as soon as possible with minimum hands off interval time.

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No. 2007-01

Date: 1/10/2007

Re: Use of Hemostatic Gauze

Pages: 1

Supercedes:

During the December 2006 SEMSCO/SEMAC meetings, the North Country REMAC received approval to include hemostatic gauze as an optional supplement for the treatment of serious hemorrhage control.

Effective immediately the North Country REMAC authorizes the use of hemostatic gauze as an optional supplement for the treatment of serious hemorrhage control. All agencies that participate in the North Country Regional EMS system, including BLS 1st Responders may include the use of hemostatic gauze when implemented under the attached protocol.

This protocol adds the optional use of hemostatic guaze to the current NYS BLS External Bleeding protocol and is to be implemented only after direct pressure and elevation have failed.

It is the responsibility of each agency to ensure the proper application and training for these products is performed to the manufacturers recommendations. Any instructions that are individually packaged with these products should accompany the patient to the hospital to maintain proper treatment.

If you need further assistance, please contact the Program Agency.

NORTH COUNTRY REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

Policy Statement

No. 2007-02

Date: 1/13/2007

Re: Mast Trousers

Pages: 1

Supercedes: 2000-05

During the January 2007meeting of the North Country REMAC Policy statement 2000-05 "MAST Trousers" was reviewed and revised to remain consistent with NYS BLS protocols.

Effective January 10, 2007 the North Country REMAC supercedes the former requirement to carry and use MAST trousers. As authorized by NYS DOH MAST trousers is now deemed "optional equipment" and no longer required by any agencies that operate in our region.

For agencies that wish to continue to carry and use this device, refer to the NYS BLS "Hypoperfusion" protocol for accepted use. In addition, agencies that wish to continue to carry this device must assure that periodic inspection, maintenance, and testing is continued.

NORTH COUNTRY REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

Policy Statement

No. 2007-03

Date: 4/13/2007

Re: Aspirin Administration

Pages: 1

Supercedes:

THE NORTH COUNTRY REMAC HAS ESTABLISHED THIS POLICY TO MAINTAIN CONSISTENCY REGARDING THE ADMINISTRATION OF ASPIRIN FOR CARDIAC EMERGENCIES IN OUR REGION.

BLS providers that have completed the required State training shall administer a 162 mg. PO (oral) Aspirin dose to any suspected cardiac emergency. This mirrors the current dose prescribed in our regional ALS protocols.

Indications:

The North Country REMAC accepts the AHA guidelines which state "Aspirin should be given in the immediate general treatment of chest pain suggestive of ischemia." This includes: unstable angina, acute myocardial infarct, and non-traumatic chest pain not relieved by Nitroglycerine, or lasting more than 15 minutes.

Contraindiactions:

Known hypersensitivity (Allergy)
Patient unable to swallow
Active GI ulcer or bleeding
Pt. has already taken Aspirin today

For patients that have already taken their daily Aspirin dose, the North Country REMAC recommends that Medical Control be contacted for the possibility of administering an additional 162 mg. dose when indicated. Pre-hospital care providers are urged to contact Medical Control should they have concerns regarding the administration of additional Aspirin.

A NYS PCR Continuation form should be completed, as required for any medication administered by pre-hospital care providers. Documentation should include a description of the EMT's physical findings (including vitals), patient complaint(s), time of onset, medications administered, time given, amount given, route given, and any change in patient condition after administration.

NORTH COUNTRY REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

Policy Statement

No. 2007-04

Date: 4/20/2007

Re: 2007 ALS Protocol Book Corrections

Pages: 1

Supercedes:

The North Country REMAC has acknowledged the following errors in the 2007 ALS Protocol book. This policy expresses the intent of the REMAC and provides the correct language for:

Head Trauma – Page 25

EMT-I care should end after "Hyperventilate with BVM at 20/min." The "EMT-CC/EMT-P" heading should be inserted between "Hypervetilation" and Blood Sugar."

Burns – Page 47

EMT-I care should NOT include establishing an IV in a Pediatric patient.

Neonatal Resuscitation –Page 56

In the box starting with the wording "vigorously suction," (2nd box) REMOVE "If respiratory distress continues." This sentence should read "Suction the airway using a meconium aspirator and ET tube up to a maximum of 3 attempts."

In the box starting with the wording "Establish IV/IO/ET," (5th box) REMOVE "ET." Per AHA the endotracheal tube is no longer recommended as a medication route. Intubation is an acceptable airway procedure, but should not be your priority in the first 5 minutes of resuscitation.

NORTH COUNTRY
REGIONAL EMERGENCY
MEDICAL ADVISORY
COMMITTEE

Policy Statement

No. 2007-05

Date: 4/20/07

Re: New Protocols

Pages: 1

Supercedes: Policy 2001-05, 2000-02, 98-01, 99-08, 2003-01, 2004-05

The approved North Country REMAC 2007 ALS protocols are effective April 1, 2007.

All pre-hospital care providers that operate above the basic level within the North Country region are required to attend a 2007 ALS Protocol update, complete a Protocol update exam with a passing score, and read, accept, sign and complete a current provider agreement form.

As part of this agreement, all advanced care providers must satisfy the required continuing medical education program as described in the CME Credentialing manual. CME semesters run from November 1 to April 30, and May 1 to October 31.

To be credentialed in the NCEMS Medical Control System, all advanced care providers must:

- Be a member/employee in good standing of an ambulance service currently in the NCEMS Medical Control System, which is REMAC approved to provide advanced patient care at or above your level of certification.
- Provide the NCEMS Program Agency a copy of their current NYS DOH EMT Certification card, Agency Affiliation, mailing address, phone number, and photo ID.
- Complete a protocol exam with a score of 80% or greater
- Sign a provider policy agreement.

NORTH COUNTRY
REGIONAL EMERGENCY
MEDICAL ADVISORY
COMMITTEE

Policy Statement

No. 2007-06

Date: 4/20/07

Re: Pulse Oximetry

Pages: 1 of 2

Supercedes: 2004-02, 2003-6, 99-05

The North Country REMAC requires all agencies that operate above the BLS level within our region to have the capability to perform Pulse Oximetry on every ambulance or emergency ambulance service vehicle. SPO^2 monitoring is considered an important vital sign for proper airway management and the standard of care for all patients requiring advanced life support.

INDICATIONS

The pulse oximeter is used for the evaluation of blood oxygen saturation at the capillary level. It is useful in assessing effectiveness of respirations, oxygen therapy, bronchodilator therapy, and manual ventilation. This device is not accurate in many acutely ill patients and should not be relied upon as the sole source of evaluating the patient's oxygenation. Pulse oximeter readings should be taken and recorded at intervals, usually with the other vital signs, or more frequently as necessary.

CONTRAINDICATIONS/PRECAUTIONS

1. Carbon Monoxide binds with the hemoglobin in the blood more readily than oxygen, but still produces the red color that the pulse oximeter reads. For this reason, the oximeter readings will be high in carbon monoxide victims while the tissues are starved of oxygen.

2. Chronic smokers normally have 10-15% more residual carbon monoxide in their blood than non-smokers. Smokers will have higher than normal oximeter readings while still requiring oxygen.

3. Vasoconstricted patients may have abnormally low readings.

4. Nail Polish (may be removed).

Oxygen should never be withheld based on high oximeter reading from a patient whose condition or appearance conveys a need for it.

NORTH COUNTRY REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

Policy Statement

No. 2007-06

Date: 4/20/07

Re: Pulse Oximetry

Supercedes: 2004-02, 2003-6, 99-05

Procedure

1. Obtain a reading on room air while preparing to administer oxygen. Never delay definitive care, such as 100% oxygen, intubation, or transportation, in order to obtain a room air reading.

2. Apply oximeter probe to finger or ear.

3. Record time; pulse wave form quality (good or poor); oxygen saturation.

NORTH COUNTRY
REGIONAL EMERGENCY
MEDICAL ADVISORY
COMMITTEE

Policy Statement

No. 2007-07

Date: 05/01/2007

Re: Additional Equipment, Skills and Drugs

Pages: 1

Supercedes: 96-02

It is the policy of the North Country REMAC that any new skill, drug, or equipment must be approved by the REMAC.

All equipment, additional medications and skills that are not on the North Country REMAC's approved list must be approved by the REMAC membership. In some cases, approval from the Department of Health may also be needed.

Proposals must be in writing and submitted to the North Country Program Agency 4-5 weeks prior to the scheduled REMAC meeting for inclusion in the REMAC Planning Committee and the distribution to REMAC members.

Written proposals should include:

1. Scientific research that supports your request for including this skill or medication in our system.
2. Written approval from your Service Medical Director.
3. How QA/CQI process will be done with regard to this new skill.
4. Cost of the skill, training, drug, or equipment.
5. The training program and how it will be implemented.

NORTH COUNTRY
REGIONAL EMERGENCY
MEDICAL ADVISORY
COMMITTEE

Policy Statement

No. 2008-01

Date: 1/16/2008

Re: Nitronox Requirements

Pages: 1

Supercedes:

The North Country REMAC has established this policy to maintain consistency regarding the utilization of Nitronox throughout our region. The REMAC recognizes the importance of appropriate pain management and the reluctance of the majority of agencies to establish a narcotics program. Nitronox provides agencies with an acceptable alternative to narcotics and has been approved for patients experiencing pain due to musculoskeletal injuries, burns (without airway involvement), abdominal pain (without suspected obstruction), kidney stones, renal colic, and cancer pain.
In an effort to minimize the potential abuse that can occur with this medication, the NC REMAC requires the following controls be maintained by every agency that opts to carry Nitronox.

1) The Nitronox unit is secured in such a manner that no medication can be delivered without breaking a serial numbered seal/tag.
2) The agency incorporates the NC REMAC Nitronox Inventory Control Sheet into their routine inspection program. A separate Inventory Control Sheet will be required for each Nitronox unit.
3) All spare cylinders containing Nitrous Oxide shall be secured in such a manner that no medication can be delivered without breaking a serial numbered seal/tag. The agency must implement some method that tracks these serial numbered seals/tags.
4) The agency must assure that this medication, like all medications, is secured, accounted for and some standardized method is established to enforce this accountability. Any unexplained loss requires that an agency incident report is completed and an investigation is completed.

Any agency that wishes to carry this optional medication is required to contact the NCEMS office to inform them of their plan and assure that they are in compliance with the intent of this policy.

All ALS providers are required to successfully complete the regional Nitronox educational program, quiz and regional contract prior to utilizing this medication.

Draft 12/11/07 JCG
Approved 1/16/07

NORTH COUNTRY
REGIONAL EMERGENCY
MEDICAL ADVISORY
COMMITTEE

Policy Statement

No. 2008-02

Date:

Re: Quality Improvement

Pages: 1

Supercedes:

It is the function of the Regional Continuous Quality Improvement Committee to review any/all instances where there is an allegation of a patient care issue/concern and to develop corrective action as necessary

The following will constitute immediate restrictions of ALS privileges pending review, investigation, and outcome:

1. Unrecognized Esophageal Intubation
2. Patient Abandonment
3. Practicing Medicine without valid certification
4. Medication errors that cause patient harm
   (Removed patient abuse)

The provider and agency will be notified of restriction by the North Country EMS Program Agency after consultation with the Regional Medical Director if ALS restriction is deemed to be the appropriate action.

Agencies will be requested to immediately fax necessary paperwork to the Program Agency for review so that it can be completed within 24 hours.

All other situations will be handled on an individual basis depending on the severity of the complaint. North Country Program Agency Staff will request and review all relevant information pertaining to the case and in some instances will complete interviews with involved parties within 30 days of receiving a CQI request. Upon review completion by the North Country Program Agency all documentation, including PCR will be forwarded to the Regional Medical Director for review with recommendations for corrective action. The Regional Medical Director will decide whether or not recommendations made by program agency staff are sufficient or if the case requires full review at the next continuous quality improvement meeting.

At any time a REMAC member or other interested party may request that a CQI issue be reviewed by the full REMAC CQI Committee.

Approved 3/19/08 AMS

North Country EMS PROGRAM AGENCY

"Serving Jefferson, Lewis & St. Lawrence Counties"

Ann M. Smith, EMT-CC, Director
Jeffrey C. Gregory, EMT-P, Assistant Director
Tammy M. Liscum, Secretary

NCEMS REMAC QUALITY IMPROVEMENT REVIEW REQUEST

Date of Request: ______________________ PCR Number: ____________

Facility/Provider Involved: ____

Facility/Provider Point of Contact: ____

Incident Date: _________ Location: ______________________ Time: _______

Nature of Incident:

____
____
____
____
____
____

Proposed Resolution:

____
____
____
____
____

Facility/Provider Requesting Review: ____________________________________

Contact Phone Number: (D) ______________________ (N) ____________________

The REMAC has established the following process for a call review: This form must be completed and returned to the NCEMS Program Agency. All PCRs and other forms of documentation about the incident will be collected and reviewed by Program Agency Staff. The documentation will be given to the System Medical Director for review with recommendations from the program agency staff. After the Medical Director reviews the Incident Request and documentation a decision will be made to accept the program agency recommendations or send the incident request to the regional continuous quality improvement committee for further review. A report will be written delineating any recommended actions required by the Medical Director. The parties involved in the incident will individually receive copies of the report, as will the County CQI Committee(s) and/or others according to the direction of the Medical Director. This form may be utilized for patient care and/or for non-patient care issues.

Questions may be directed to the North Country EMS Program Agency.

Revised (1/29/2008) AMS

NORTH COUNTRY
REGIONAL EMERGENCY
MEDICAL ADVISORY
COMMITTEE

Policy Statement

No. 2008-03

Date: 2/10/2008

Re: Blood and Blood Products

Pages: 1

Supercedes:

In cooperation with the New York State Department of Health, **effective immediately**, the North Country REMAC has rescinded the privilege of any Emergency Medical Technician, regardless of their level of training, to transfuse blood or blood products during an interfacility transport.

The New York State Department of Health has informed this body that effective immediately, Emergency Medical Technicians (EMT's), including Paramedics may no longer perform the transfusion of blood or blood products during inter-facility transports. Although it has been common practice across the State for more than a decade for EMT's with special training to perform this task, a recent change of opinion has occurred. Wording in Title 10, of the NYS Laws and Regulations, Section 58-2.16 states, "For blood and blood products, the person performing the transfusion shall be a physician, registered nurse, physician's assistant, nurse practitioner or board-certified cardiovascular perfusionist." The wording "licensed professional" has been interpreted to not include Emergency Medical Technicians regardless of their training, because in New York State they are "certified" and not "licensed." As a result of this change, local hospitals will now have to make arrangements to ensure a licensed healthcare provider is onboard every ambulance that has a patient that is receiving or may require blood or blood products during the transport.

All hospitals within our region have been notified of this change in our inter-facility practice.

Approved 3/19/08 JCG