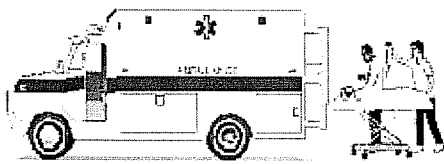
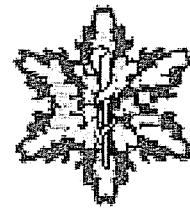


# NORTH COUNTRY E M NEWSLETTER



**Special points of interest:**

- Patient Refusals; Risky Business
- Vital Signs 2007
- Newsletter Submissions
- Ninth Annual Spring Fling
- New CQI Screen
- EMT Course Schedule

## Patient Refusals; Risky Business

It's 3:30 in the morning, you have been up all night answering calls and are faced with completing your next days work on very little sleep. Just as you settle into bed, in hopes of getting a couple hours of sleep, the pager fills the room with the echoing sound of your departments tones going off and you would really like to hit the reset button, but it is your night on duty.....

You pull yourself out of bed, throw on your uniform, drag yourself out to the car and down to the station. The dispatcher advises you that you have an elderly women, unresponsive. When you arrive on the scene you find an upset husband who tells you "My wife got up to go to the bathroom, passed out, but now she is OK and she is very unhappy that I called for an ambulance!"

As you approach the patient, she tells you, "I am fine, I don't need an ambulance and I certainly don't need to go to the hospital".

Now What?

Do you just say OK, have her sign the back of the PCR and go back to the station thinking you may still be able to get a couple of hours of sleep, before you have to face a day at the office with no sleep, or do you convince the patient to let you assess her and inform her of the reasons why?

Hopefully you choose the second course of action and fully explain to this woman the possibility of a serious medical condition that could have caused her to pass out, and without the diagnostic tools such as laboratory tests and x-ray available at the hospital, it is virtually impossible for you (the EMT) to rule out a serious medical condition that could result in death or disability if hospital treatment is not obtained and call medical control. Why Medical Control? Because sometimes just calling the physician, may convince her to go to the hospital or she can talk to the physician herself.

Sounds easy, "huh" but what about the patient that you, as a provider, feel that transport is not warranted?

EMS providers face dangers and have to make critical decisions on many calls, but this may be the most dangerous and riskiest decision that you make. You must take many things into consideration and calling medical control before you sign a patient off is the safest course of action in these situations. But your argument is, "I have been trained, I can tell when a patient does not need to go to the hospital." If this is true, have you completed a full physical assessment on this patient?

(Continued on page 2)

**EMS providers face dangers and have to make critical decisions on many calls, but this may be the most dangerous and riskiest decision that you make.**

### North Country EMS Program Agency

Director- Ann Smith, EMT-CC, CLI

Assistant Director- Jeff Gregory, EMT-P

Secretary- Tammy Liscum

We would like to thank all the providers who have provided us with up-dated information and please remember to update our agency when you receive a new card, change your agency, address, phone, or e-mail. We ask that you send copies of EMT cards or picture ID via snail mail instead of faxing them, as they are frequently illegible when received by fax.

The following trainings are scheduled at this time, please watch our website for additional training when it is scheduled:

August 5th -ASPIRIN Administration for BLS @ Madrid Fire Station 6:30p-8:30p

August 6th -CPAP @ Tri-town Rescue 7p-9p

August 23rd -ASPIRIN Administration and CPAP at Potsdam Rescue starting at 6p

September 9th -Albuterol administration for BLS @ Madrid Fire Station

Please remember that we do many trainings upon department request. These trainings include: Albuterol/Epi-Pen training, 12-lead ECG acquisition training, CPAP training and PCR documentation training.

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## Refusals, Continued

Have you taken into consideration the reason for the initial call to 911 ?

Are you able to determine the mental capacity of the patient?

Is there an underlying disease, such as Alzheimer's that could alter a patient's mental capacity?

Is this patient an adult?

Does this patient have underlying medical problems, such as diabetes, that could mask a serious medical condition?

Is there evidence of alcohol or drug abuse?

Does the patient have psychiatric or behavioral disorders?

Does the patient represent a danger to themselves or others?

Is there evidence the patient has been abused or is the patient unable to ambulate?

Wow! That's a whole lot to think about at 3:30 in the morning on a sleepless night, let alone document.

In this scenario it is important to remember that women may have unusual presentations of cardiac events, as with patients with diabetes. An unexplained loss of consciousness always merits a full hospital evaluation, preferably with EMS transport and constant cardiac monitoring.<sup>1</sup>

In conclusion it is the feeling of the North Country REMAC that the safest course of action is contacting medical control when faced with these situations and you must document thoroughly that you have informed patients of the inherent risks of not seeking medical treatment and why. Please take time to review and refresh yourself on the protocols and laws involved, because these situations can be both confusing and potentially dangerous for the patient and the provider.<sup>2</sup>

You can find the BLS protocol for Refusing Medical Aid (RMA) at the NYS Department of Health Bureau of EMS website at [www.health.state.ny.us/nysdoh/ems/pdf/emtblsprotocols.pdf](http://www.health.state.ny.us/nysdoh/ems/pdf/emtblsprotocols.pdf)

Advanced providers should review the North Country Regional ALS protocol for refusal of medical aid and remember that they must also follow BLS protocols in these situations.

### REFERENCES

1. Maggiore, W. Ann "To Transport or Not to Transport ? Part 1 of 2" JEMS Jan. 2006
2. Belding, J. "Patient refusals: What to do when medical treatment and transport are rejected" JEMS. 31.5 (2006)
3. Bureau of Emergency Medical Services, "NYS EMT-B Basic Life Support Protocols," New York State Department of Health, 2003 SC-5

## Responding to Calls

In an effort to make sure that the appropriate level of care reaches the patient, please remember that you should let the dispatchers know the highest level of care you have on board the ambulance when you respond. We are continuing to pull data from the RED LIGHTS and SIRENS screen. There were over 11,000 entries to input. If your agency would like specific information, please give us a call, in the meantime we are going to work on pulling out Individual Agency Statistics from this study. We are also currently working on an educational power point that will be posted on our website before the next newsletter and have an attached test that you can complete and mail back to us for BLS CME credit.

## REMSCO/REMAC Live on the World Wide Web

Attention North Country EMS Providers, you can now view the REMSCO and REMAC meetings on the web as they happen or up to 30 days after the meeting. Go to our website and click on REMSCO/REMAC to view the schedule of meetings and find the link to view the cast.

## Jefferson County EMS Offers CLI Prescreen

CLI,CIC what in the world do all these initials stand for??

CLI stands for NYS Certified Lab Instructor which qualifies you to teach practical labs during EMT courses. This is also the first step to accomplish on the road to becoming a CIC.

CIC stands for NYS Certified Instructor Coordinator and is required to teach EMS courses or sign for the core content under the NYS continuing medical education program. (formally known as the pilot program)

Due to lack of participation in instructor courses, many have been cancelled. The North Country, Central New York, Mid-State,

and Susquehanna Regions have teamed up and, with the assistance of the Bureau of EMS Central Field Office in Syracuse, have set a yearly schedule in an attempt to decrease the risk of the classes being cancelled for those few participants that have a desire to become an instructor. On October 3rd, 2007 there will be a CLI Prescreen and this will be followed by a CLI course in 2008. The CLI Prescreen is a test of your practical skills and must be completed successfully to take the CLI course. For those of you who have already obtained your CLI, there will be a CIC course in Syracuse in November. For more information, contact Judy Radley at 315-786-3760

## Ninth Annual Spring Fling Will Be April 24–26, 2008

Mark your calendars early! The Ninth Annual Spring Fling will be held April 24–26, 2008. This change from the usual date of the first weekend in April is due to a scheduling conflict with Bonnie Castle.

Once again, Bonnie Castle will be offering rooms at \$65.00 for Jacuzzi and \$50.00 for standard rooms.

This year the North Country Regional Emergency Medical Council Program Agency is proud to announce that Paul Maurer, MD, an Associate Professor of Neurological Surgery from the University of Rochester, will be our Key Note Speaker as well as presenting a lecture on head trauma.

We would like to thank all of the North Country EMS Providers for their support in making this one of the largest regional EMS conferences around. Last year the Catskill-Hudson Leadership Academy traveled to the North Country and offered a phenomenal program on EMS leadership and we are hoping that they will join us again in 2008 to offer part 2 of this program.

Please watch our website at [www.canton.edu/ncems](http://www.canton.edu/ncems) for more details at the beginning of 2008

## Mutual Aid/ALS Intercept Screen and the New Cardiac Screen

We are busy inputting all the information that you have provided us by completing the Mutual Aid/ALS intercept screen and we are noticing that this information is going to provide agencies with good statistics on when and why they needed mutual aid and who provided it. Although this screen was slated to end in August, REMSCO members are requesting that you continue to complete this screen through September. REMSCO felt that it would be useful to gather a full year of data to gain information regarding seasonal trends in Mutual Aid.

In addition to the mutual aid screen, we have attached a new Cardiac Screen that should be implemented ASAP. We are starting the cardiac screen now in an effort to be compliant with the DOH recommended timeline for regional CQI reports. We realize this will force agencies to complete 2 screens on occasion and appreciate your patience until the end of September. The cardiac screen should only be completed by the transporting agency when the primary presenting problem is "Cardiac Related (Potential)" The purpose of this screen is to gather accurate data regarding pre-hospital treatment of cardiac events from the time care is started until arrival at the hospital. The information we are asking for should be shared in any patient report when care is transferred. We hope this data will provide our region and the agencies, that support it with information, regarding appropriate medication administration and a timeline that we can use to compare regional times with national standards. This will also demonstrate the effectiveness of the recent BLS Aspirin administration change.

## Vital Signs 2007 October 18-21st at the OnCenter in Syracuse

NYS Vital Signs Conference is quickly approaching and the brochure, schedule, and hotel information are now available at [www.vitalsigns.com](http://www.vitalsigns.com). Remember to reserve your rooms early and by sending in your registration form before September 12th, will save you money!

This year they are once again offering ALS and BLS Core Content Pre-conferences for the Continuing Medical Education Recertification Program (previously known as the Pilot Program). Other Pre-conferences being offered are on Burns, CISM, and AMLS. You will also have an opportunity to challenge yourself with the EM-STAT simulation. There will be a full array of EMS vendors as well as many other interesting lectures during this event. This is a great opportunity to get continuing medical education to meet the regional CME requirements.

**Core Content, for the Continuing Medical Recertification Program (previously known as the Pilot Program), Pre-conferences for ALS and BLS are being offered again.**

## Program Agency, Continued

Please feel free to provide us feedback on the new format of the newsletter. You will receive a quarterly newsletter highlighting important information for North Country Agencies. Please remember that our website is updated frequently with various training opportunities being offered in St. Lawrence, Jefferson, and Lewis County as well as other areas in the state. Also any North Country EMS agency who would like to recognize a member, a community event you participated in, a new ambulance, or just to recognize the agency as a whole can submit an article and/or picture for the newsletter. Please send it to [smitha@canton.edu](mailto:smitha@canton.edu) and we will include it in our next edition.

The Provider Credentialing manual was the final document to be updated, as a result of the 2007 protocols, has been completed. The manual is available at our website and can be found by clicking on the CME tab on our home page and scrolling to the bottom of the page. We have provided some clarification to some of the most commonly asked questions. If you cannot access this document on the web, please contact our office and we will mail you one.

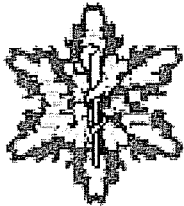
If you are a BLS Agency, please be sure that you are not carrying ALS equipment. Even if you are in the process of upgrading your ambulance services level of care, you must wait until you receive approval from the REMAC to put this equipment on your ambulance. If this is the case you must secure any medications and needles in a locked area/cabinet within your fire station pending approval.

## North Country EMS

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[www.canton.edu/ncems](http://www.canton.edu/ncems)



# Fall EMT Courses

## Register Now! Deadlines are Fast Approaching!

### St. Lawrence County

#### SUNY Canton

Basic Original—Mondays and Wednesdays  
6:30-9:30 starting 8/22/07

Basic Refresher -Tuesday and Thursdays  
6:30-9:30 starting 8/30/07

Intermediate Original  
Tuesday and Thursdays Starting 9/04/07

Intermediate Refresher Tuesday and Thurs-  
days starting 8/30/07

Deadline for Registration is August  
10th,2007

Call Kathy Latimer at  
(315) 386-7102  
[latimer@canton.edu](mailto:latimer@canton.edu)

### Lewis County

#### Graves Training Center at

#### Lewis County Search and Rescue

Basic EMT Original/Refresher Tuesday and Thursday  
7p-10p starting 8/21/07

Instructor: Jim Deavers

Certified First Responder  
Wednesday 7p-10p starting 8/29/07

Instructor: Mark Tuttle

Call Jefferson County EMS office to register at 315-786-  
3760

### JCC

EMT Intermediate, Critical Care, and Paramedic will be  
offered starting 8/28, Registration deadline is 8/10.  
For More information call Jeannine Gomiela at 315-786-  
2244

### Jefferson County

#### Jefferson County Fire/EMS Training Center

Basic EMT Course  
Tuesday and Thursday 7p-10p starting  
8/14/07

Basic Refresher Course  
Monday 7p-10p starting 8/20/07

Certified First Responder  
Tuesday and Thursday 7p-10p starting  
9/18/07

AEMT-CC Refresher  
Wednesday 6p-10p starting 8/22/07

Call Jefferson County EMS office to register  
at 315-786-3760