



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 mdiglio@nycremsco.org. If available, appropriate supporting documentation should also be submitted. **Comments must be received no later than October 18, 2019.**

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

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DIRECT ALL INQUIRES AND COMMENTS TO:

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Chair, Protocol Committee
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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.

REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY

GENERAL OPERATING PROCEDURES

TRANSPORTATION PROCEDURES AND DECISIONS

OTHER CARE

If the mechanism of illness/injury and/or historical/physical findings do **not** indicate major trauma, burns, or a need for other types of specialty care, the patient must be transported to the nearest New York City 911 System Ambulance Destination Emergency Department (see Appendix I), **unless one** of the following conditions is met:

- The patient is stable for and remains stable throughout transport, and the patient requests transport to an alternative 911 System Ambulance Destination Emergency Department, and the estimated transport time to the alternative 911 System Ambulance Destination Emergency Department is less than or equal to an additional ten minutes
- The patient requires specialty care as described above that is available at an alternative 911 System Ambulance Destination Emergency Department, but is unavailable at the nearest New York City 911 System Ambulance Destination Emergency Department, or an on-line medical control (OLMC) physician so directs.
- Ambulances participating in the 911 system may provide treat-in-place with patient release or may bring patients to the nearest appropriate regionally-approved alternative destinations if the patient meets criteria established for that destination type or to an equivalent alternative destination less than or equal to an additional 10 minutes

NOTE: Patients who become critical or unstable must be transported to the nearest New York City 911 system ambulance destination emergency department.

REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY

GENERAL OPERATING PROCEDURES

DEFINITIONS

Alternative Destination: A regionally-approved 911 system receiving facility that may have limited and/or specialized capabilities but is NOT a 911 system ambulance destination emergency department

Online Medical Control (OLMC): Real time communication between a REMAC-certified physician and pre-hospital emergency medical personnel via radio, telephone, telemetry, video or face-to-face. The purpose is to provide medical control options, assist in the RMA process or assist in determining appropriate transportation decisions. **FDNY OLMC** approval is NOT required for the decision to begin Telehealth for treat-in-place with patient release or for transport to an alternative destination, but may occur if guidance is needed (GOP flowchart). High-index Refusal for Medical Aid (RMA) must be approved by **FDNY OLMC**

Telehealth: Real time two-way interactive communication between a patient and a distant site high-level medical provider (physician, nurse practitioner, physician-assistant). This interaction, which requires audio-visual communication, allows for a broad array of healthcare services that include treat-in-place with patient release and transport decisions to an alternative destination.

High Index of Suspicion: The concern that an individual may have an acute medical, traumatic, psychiatric, behavioral, or other condition that could result in a life-threatening or life-altering outcome. Indications for a high index of suspicion may include, but are not limited to:

- Mechanism of injury (the way in which traumatic injuries likely occurred. This would include the forces that act on the body to cause damage and/or the mechanism or cause of an illness or symptom)
- Assessment of injury/illness severity

GENERAL OPERATING PROCEDURES

- Abnormal vital signs
- A friend, neighbor, co-worker or family member who has frequent contact with the patient and who expresses concern for the patient's health, **based on a change in the patient's condition**
- A caller to 911 who reports expressed or actual suicidal or homicidal behavior by the patient (regardless of whether the caller is on the scene or not)
- The request for assistance originated with a physician or other health care provider (regardless of whether the caller is on the scene or not) who indicates that there has been a **significant change** in the patient's medical condition

Low Index of Suspicion: Any condition that does not merit a high index of suspicion

Medication Administration: Administration of ANY medication to a patient by pre-hospital personnel, other healthcare providers, bystanders, or the patient himself or herself during or just preceding the event for which the request for emergency medical aid was made.

- Oxygen is only considered a medication if it is used for the treatment of a patient condition that would be considered a high index of suspicion (e.g. congestive heart failure, major trauma)
- Bandages, gauze, ice packs, splints, immobilizers, cardiac monitors and oxygen are **NOT** considered medication/treatment **ONLY** when used for a case of low index of suspicion

GENERAL OPERATING PROCEDURES

TREAT-IN-PLACE WITH PATIENT RELEASE

1. Medical Issue/Complaint (i.e. physical injury/illness/complaint)
 - a. All patients considered for treat-in-place with patient release must be offered a choice between treat in place, transport to the nearest appropriate alternative destination, or transport to the nearest appropriate 911 receiving emergency department. Providers must not refuse a patient's request for transport. For patients agreeing to treat-in-place, the provider shall:
 - i. Contact Telehealth if the patient meets criteria as specified in Appendix XXX: Patient Selection Criteria: Inclusion/Exclusion Criteria AND whom the provider thinks may be safely considered for this option
 - ii. Contact **FDNY OLMC** for approval to contact Telehealth for treat-in-place for patients who do not fulfill the criteria as specified in Appendix XXX: Patient Selection Criteria: Inclusion/Exclusion Criteria, but
 - A. Are otherwise considered low index of suspicion for illness or injury
 - B. Have NOT received medications and/or treatments other than medications described above (oxygen, bandages, etc.)
 - C. Have received medications for the treatment of hypoglycemia and who post-treatment have normal vitals and normal mental status
 - b. If the Telehealth provider determines that the patient is not appropriate for treat-in-place then the Telehealth provider can direct the crew to follow their standard protocol, policy and procedures for transport. If the patient refuses transport, then the RMA shall be processed through **FDNY OLMC**

GENERAL OPERATING PROCEDURES

- c. The provider is responsible for monitoring patient stability during the Telehealth interaction. If at any time the provider determines that the patient is unstable, the provider is to announce this to the Telehealth provider and immediately suspend Telehealth and follow 911 system protocol(s) to provide patient stabilization and transport to the nearest appropriate 911 System Ambulance Destination Emergency Department. OLMC contact is not required unless the crew has questions or requires medical control direction

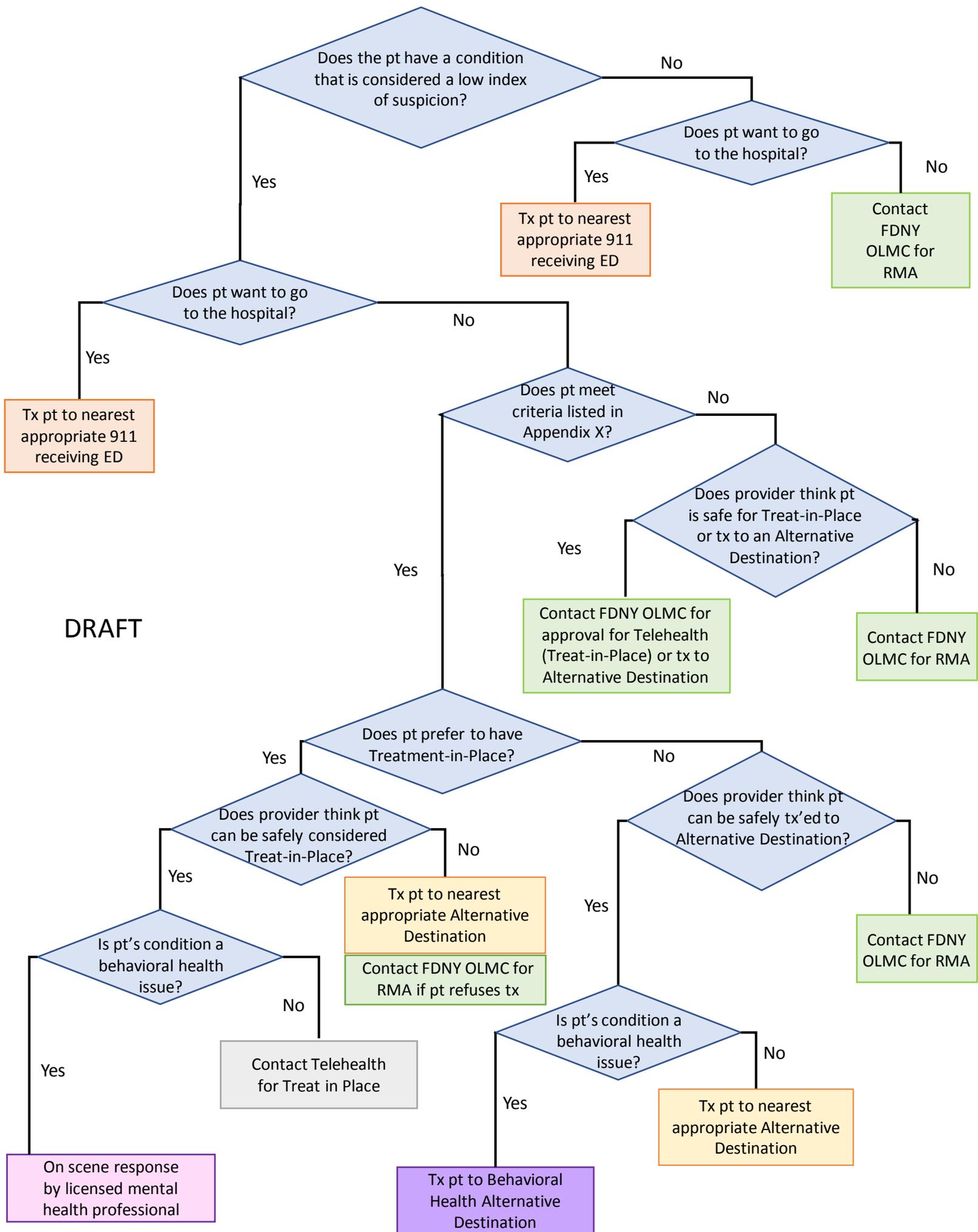
NOTE: Telehealth providers cannot provide medical control direction and cannot direct the providers to administer medications

- d. Either the Telehealth or OLMC provider may refer patients to the other as appropriate
2. Behavioral Health Issue/Complaint
- a. If the provider believes that the patient meets behavioral health criteria as specified in Appendix XXX: Patient Selection Criteria: Inclusion/Exclusion Criteria AND whom the provider thinks may be safely considered for treatment in place; contact XXX to have an on scene evaluation by a licensed mental health professional (when available, details to be provided in a separate directive)
 - b. Behavioral health issues/complaints are not appropriate for Telehealth

GENERAL OPERATING PROCEDURES

ALTERNATIVE DESTINATIONS

1. Patients who are critical, unstable, or require specialty care (STEMI, acute stroke, major trauma, etc.) must be transported to the nearest appropriate 911 receiving hospital
2. All patients considered for alternative destinations must be offered a choice between transport to the nearest appropriate 911 receiving hospital and to the nearest appropriate alternative destination. Providers must not refuse a patient's request for transport to an appropriate 911 receiving hospital
3. For patients that fulfill the criteria listed in Appendix XXX: Patient Selection Criteria: Inclusion/Exclusion Criteria, AND who the provider feels are not appropriate for treat-in-place with patient release or refuse treat-in-place may be transported to the nearest appropriate alternative destination without contacting OLMC
4. For patients that do not fulfill the criteria as specified in Appendix XXX: Patient Selection Criteria: Inclusion/Exclusion Criteria, the provider must contact **FDNY OLMC** for consultation/approval to transport the following patients whom the provider thinks may still be appropriately transported to an alternative destination:
 - a. Meet exclusion criteria but are otherwise considered low index of suspicion for illness or injury
 - b. Have NOT received medications and/or treatments other than medications described above (oxygen, bandages, etc.)
 - c. Have received medications for the treatment of hypoglycemia and who post-treatment have normal vitals and normal mental status
5. The provider must contact **FDNY OLMC** for RMAs



REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY
APPENDICIES

**APPENDIX XXX: ALTERNATE DESTINATION PATIENT INCLUSION / EXCLUSION
CRITERIA**

NOTE: Based on the criteria below, if the patient agrees, treat-in-place or transport to the nearest appropriate alternative destination can occur without contacting **FDNY OLMC**

FDNY OLMC contact is required for approval for treat-in-place or transport to an alternative destination if the patient does NOT fulfill the inclusion criteria listed below, but who otherwise are considered low index of suspicion for illness or injury and have:

- i. NOT received medications and/or treatments other than (bandages, gauze, ice packs, splints, immobilizers, cardiac monitors and oxygen) or
- ii. Received medications for the treatment of hypoglycemia and who post-treatment have normal vitals and normal mental status

MEDICAL INCLUSION CRITERIA:

- Asymptomatic hypertension
- Skin rash without respiratory distress or fever
- Joint pain without fever
- Injuries to the elbow and below (e.g. sprains, contusions)
- Injuries to the knee and below (e.g. sprains, contusions)
- Superficial/First degree thermal burns < 5%
- Minor wounds/lacerations (including needing sutures)
- Suture or staple removal
- Needlestick injury
- Upper respiratory symptoms without dyspnea and no known cardiac history
- Dysuria without fever and age < 65
- Resolved epistaxis without anticoagulants
- Toothache/dental pain
- Ear pain, difficulty hearing, tinnitus
- Eye complaints without acute visual changes
- STD exposure or genital lesions (excluding testicular pain)
- Medication refills

BEHAVIORAL HEALTH INCLUSION CRITERIA:

- Mild to moderate depression
- Anxiety
- Mild to moderate panic symptoms
- Behavioral complaints without violent or self-destructive thoughts or symptoms
- Substance use without intoxication or withdrawal

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APPENDICIES

MEDICAL EXCLUSION CRITERIA:

Patient characteristics:

- Age < 5 years
- Patients unable to ambulate without assistance
- Patients without decision-making capacity
- Patients requesting transport to an ED
- Paramedic or EMT considers the patient critical or unstable
- Pregnancy with related complaints
- History of malignancy or immunosuppression (e.g. HIV, chemotherapy)
- Surgery within the last 3 months

ADULT VITAL SIGN EXCLUSION	
SBP	< 90 mmHg or > 200 mmHg
DBP	> 120 mmHg
HR	< 50 or > 100 bpm
RR	< 10 or > 24 bpm
SpO₂*	< 92% on room air
BGL	< 60 or > 300 mg/dl

*If available

**See Appendix XXX for Pediatric Vital Signs

Complaints:

- Abdominal or pelvic pain
- Nausea or vomiting
- Chest pain or shortness of breath
- Suspected intoxication with alcohol or other drugs
- Altered mental status or lethargy
- New onset of neurological symptoms
- Suspected spinal injury
- Dizziness or lightheadedness
- Loss of consciousness within 24 hours
- Seizures within 24 hours
- Head injury/trauma
- GI bleeding
- Sickle cell crisis

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APPENDICIES

BEHAVIORAL HEALTH EXCLUSION CRITERIA

- Agitation
- Violence or homicidal ideation
- Suicidal ideation or self-destructive behaviors
- Hallucinations or other symptoms of psychosis
- Intoxication and/or withdrawal from substances (i.e. alcohol, opiates, or other drugs)

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