



MEMMO

News You Can Use!

2nd Edition, June 2009

*Latest "OFFICIAL" information from the
Medical and Executive Directors of CNYEMS!*

In an effort to keep all EMS providers "up to speed" on what is happening, this page will be dedicated and updated with the latest information, memos, SEMAC and REMAC notes.

Thank you.

Daniel J. Olsson, DO, FACOEP
Regional Medical Director
Central New York EMS

Susie Surprenant
Executive Director
Central New York EMS

TOPICS

NEW Stuff

Attempts at Intubation
Patient documentation – ED
EKG evaluation in routine medical evaluation
Requesting Air Medical
Combitube vs. LMA

OLD Stuff

Capnography
Cervical Spine Protocol
Blood Glucometry
Electronic Patient Care Reports
New Protocols: Rollout, Training and
Reference Manuals

REMAC Notes: April 9, 2009

SEMAC Notes: Feb 17-18, 2009

NEW Stuff

Attempts at Intubation: when an instrument (laryngoscope / fingers) is passed beyond the teeth into the oropharynx, this is ONE attempt! Regardless of whether or not a tube is attempted or the cords visualized.

Patient documentation – ED: whenever ANY patient is dropped off to an ED, appropriate paperwork MUST accompany the patient! This is a STATE rule! There is no deviation allowed! For those agencies using ePCR and do not have printing capability, the CNYEMS region has a form that can / will / must be used.

EKG evaluation in routine medical evaluation: the application of a cardiac monitor for ANY reason constitutes ALS intervention. Therefore, its use mandates complete ALS evaluation and treatment, transport or refusal.

Requesting Air Medical: per State (05-05) and Regional Policy Statements, ANY provider may request Airmedical, this responsibility does NOT fall entirely or solely to a fire chief!

Combitube vs. LMA: there is some confusion regarding the use and transition of these two devices. With the new protocols, LMA will be phased out and Combitube phased in. Combitubes should NOT be used prior to new protocol implementation. Should existing LMA's expire prior to new protocol implementation (1 September 2009) they need not be replaced. Should an alternative airway be needed, standard BLS airway procedures will be used. Contact the CNYEMS office for donation of expired LMA's.

OLD Stuff

Capnography

A reading of "0" (zero) does not indicate failure of the equipment! It indicates a pCO₂ of zero "0"! Check your tube for placement and monitoring equipment for other indicators of respiratory activity!

Cervical Spine Protocol

From the December Update:

This protocol was rolled out this past summer / fall. The state has allowed its use to be implemented at the regional level based on completion of training. Said training MUST be completed prior to 31 December 2008. To lessen confusion, this region will implement the protocol when ALL agencies have completed training and informed the office...as soon as ALL agencies complete training there will be a formal announcement to EMS providers and Emergency Department staffs. Therefore, agencies should NOT be implementing this protocol until notified from the region (this was stated in past REMAC meeting minutes from the December Update and August 2008 Agency Memo).

THEREFORE:

until notified by the region, we are **NOT** using Selective Spinal Immobilization until **ALL** agencies (ALS and BLS) have completed training **AND** notified the EMS office. If your agency has completed the training but not notified the office, then you have not completed the regional requirements for this training. ALS providers will need to complete the training!

Blood Glucometry

All ALS Agencies are required to have a CLIA Registration number to utilize a glucometer to test a patient's blood glucose. This number **MUST** be on file with the regional office.

All ALS & BLS Agencies are **REQUIRED** to submit the appropriate paperwork to the office prior to your agency's BLS providers performing this skill!

Electronic Patient Care Reports

Current agencies on board: Manlius and Fayetteville Fire Departments; Bangs, EAVES, TLC - Cortland, Auburn, Brewerton and Dryden Ambulance.

Agencies pending training completion: DeWitt and Minoa Fire, WAVES Ambulance.

Current hospitals: Crouse, Upstate, Community

Pending Hospitals: St. Joseph's

If your agency is interested in ePCR – let us know! We can discuss the utilization of ePCR in this region and the approval process.

New Protocols: 2009 Protocol Rollout

The Central New York Protocol Update will consist of the following steps:

1. Train-the-Trainer classes during June
2. Protocol Update classes during July and August
3. On-Line Protocol tests
4. Protocol live date of September 1, 2009

All necessary training material will be distributed at the Train-the-Trainer classes.

CENTRAL NEW YORK EMERGENCY MEDICAL SERVICES REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

Meeting Agenda: Thursday, April 9, 2009; 17:00 at EMSTAT Center

I. Review and approval of January 8, 2009 meeting minutes

II. SEMAC and SEMSCO report - Dr. Olsson: see elsewhere

III. Airmedical Report - Warren Darby

IV. CQI Report - Susie Supernant

V. CNYEMS Program Agency Report - Susie Supernant

VI. Violations of Public Health Law: read into minutes

VII. Old Business

- a) Minimum Equipment List - ALSFR: discussed with final vote at July 09 meeting
- b). Designated Stroke Centers
 - i. There are NO new Designated Stroke Centers in the Central New York Region; State DOH has NOT designated any " Hub and Spoke Stroke Centers" either... no mention of any applications at the past SEMAC meeting
- c). Lee Memorial Hospital: discussed upcoming closure and impact on EMS etc.

VIII. New Business

- a). Updates
 - 1). McFee Ambulance
 - 2). New Hope Rescue Squad
 - 3). Aurelius Fire Department
 - 4). Brewerton Ambulance
- b). Medical Direction Policy Statement - 97-04: extensive discussion, more review of language needed; impact on current and future physician first responders
- c). Blood Glucometry Agencies: MUST register CLIA number with Region
- d). CME Program

Next meeting: July 16, 2009 at 17:00
EM-STAT Center
550 Genesee St.

SEMAC Notes

SEMAC / SEMSCO February 17 - 18, 2009

A. Medical Standards / SEMAC Committee (8:15 am –11:00 !, 13:30 – 15:30)

1. WREMS Hypothermia protocol: passed medical standards, SEMAC
2. Regional Protocols
 - a. Susquehanna: passed medical standards with comments; SEMAC
 - b. Westchester: passed medical standards with comments; SEMAC
 - c. NYC Burn Disaster Protocol: passed medical standards; SEMAC
3. On-line medical control: direct or indirect (under the direction of) physician control; therefore can be a paramedic?....statute under review with small subcommittee... report at future SEMAC meeting
4. DOH Office news
 - a. EMS training "IN" hospital setting: meeting to establish guidelines for training etc
 - i. HHS has to approve for this to happen – can impact statewide
 - b. November 12008: Arnott Ogden – no longer a trauma center - due to lack of surgical coverage
 - i. Strong helping to arrange coverage
 - c. blood transport by EMS: no approval yet...proposed curriculum and protocol...still...soon
5. Evaluation QA/QI Committee: 2006 data ready to be released; ...SURVEY from vital signs re: use of QI manual etc. – will send results to agencies for review
6. Arterial tourniquets: gaining momentum, will most likely find its way (2010) into mandatory ALS / BLS protocols
7. Not all ambulances in NYS carry AED or equivalent
 - a. 29 counties: 95 % coverage with defibrillation – includes first response units
 - b. commercial: 77 %(one agency) o/w - 95 %coverage
8. Safety: lights siren issues: what procedures should / should not be done unbelted in moving ambulance ?.....next meeting for discussion ...
9. REMO Letter: EMS are allowed to continue care in the ED until relieved – one region has up to 3 hours routinely to turn over patients
10. Finance committee: BLS training appears limited – will reallocate from other training levels...very little / no new input sources