Monroe Livingston Region Program Agency

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To: All EMS Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P
Regional Medical Director

RJ (Terry) Fairbanks, MD, MS, EMT-P
REMAC Chair

Date: January 15, 2010

Re: Advisory 10-01: BEMS Policies 09-11, 09-12, 09-13, 10-01 and 10-02

NYS DOH BEMS has released a number of policies, many of which are important for the BLS level. Agency leadership should review each, discuss with your agency medical director, and modify agency policy as needed. Briefly:

Policy 09-11 Reviews the expected storage and use of BLS medications as well as the expected approval process for the addition of optional medications to an agency's BLS scope of practice.

Policy 09-12 Reviews the expected storage and use of BLS and ALS medications.

Policy 09-13 Reviews the expected approval process for the addition of blood glucometry and albuterol to an agency's BLS scope of practice. Of note, regional policy requires that any BLS agency providing blood glucometry must participate in electronic data submission to the Regional Program Agency.

Policy 10-01 Defines the following expectations be met by May 1, 2010:

- All in-service transporting ambulances must have the ability to defibrillate patients of all age groups.
- Epinephrine auto-injectors must be on all in-service transporting ambulances that do not already have the ability to administer epinephrine through ALS modalities at the time of interaction with the patient.

Policy 10-02 Defines the distance learning requirements of Course Sponsors. This policy is specific only for those agencies that are Course Sponsors within the region.

Forms are available for the addition of epinephrine auto injectors, blood glucometry, albuterol, and AEDs at mlrems.org, under Operations, then Forms, then Applications (for Glucometry, albuterol or epinephrine) or PAD (for AEDs being implemented at a PAD site).

With any questions, do not hesitate to contact the MLREMS Program Agency via the University of Rochester, Division of Prehospital Medicine.

New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 10 – 02

Date: 01/05/2010

Re: Distributive Learning EMS Certification Courses

This policy statement addresses distributive learning EMS courses that lead to New York State certification, which are conducted by NYS DOH Bureau of EMS Course Sponsors.

Purpose

The Bureau of EMS (BEMS) strives to assure that each Course Sponsor offers the highest quality EMS education possible. To continue the success of EMS education in New York State it is imperative that we find new ways to deliver EMS education to the people who need it, while maintaining the quality of the education. Distributive learning can play an important role in the delivery of quality EMS education.

Distributive learning is an instructional model that allows Course Sponsors, instructors, students, and educational content to be located in different, non-centralized locations so that instruction and learning may occur independently. The distributive learning model can be used in combination with traditional classroom-based education, operate independently as a traditional distance learning course, or educators may choose to operate a virtual classroom through television, satellite, telephone, or the Internet.

Course Sponsor Requirements

All Course Sponsors are required to comply with the conditions and requirements specified in Part 800 of the State Emergency Medical Services Code, the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs, its supplements and all other policies and BEMS communications. This policy statement is a supplement to the Course Sponsor's Administrative Manual.

Application Process:

1. Any distributive learning course, which leads to NYS BEMS certification, must be conducted by a BEMS approved Course Sponsor who has been authorized to teach that level course for at least two years prior to the start of the distributive learning course.

2. Course Sponsors who wish to utilize distributive learning must file, with the BEMS, a Distributive Learning Course Sponsorship Upgrade Application.

3. If the distributive learning course will be taught within a county previously authorized by the BEMS through an approved Course Sponsor Application, the sponsor must notify the Regional EMS Council for that county where the course will

be located. The NYS DOH BEMS Regional Office for that region will be required to approve the upgrade application and the site(s) where the course will be taught prior to advertising for the course.

4. If the distributive learning course will be taught within a county which ***has not been previously authorized*** by BEMS through an approved Course Sponsor Application, the sponsor must have ***approval*** from the Regional EMS Council and the NYS DOH BEMS Regional Office for the county where the course will be taught. The BEMS Central Office must give final approval. If the Course Sponsor plans on teaching more than one course, they must submit an application for Course Sponsorship Upgrade.

Distributive Learning Course Requirements:

The BEMS must assure that all students receive the same high quality education and are held to the same standards whether they are in a traditional classroom or enrolled in a distributive learning class. Course Sponsors must adhere to this standard and abide by the following:

1. Student and instructor policies and procedures must be updated to reflect any and all changes with reference to distributive learning courses.

2. A minimum of one Certified Instructor Coordinator (CIC) must be present at each remote/receiving site during practical skills/laboratory and examination sessions.

3. A minimum of one CIC must be present at the transmission/originating site of lecture sessions. Faculty requirements at receiving sites during lecture sessions is dependant on the site and style of distributive learning. This requirement will be determined by the BEMS Central Office upon application by the sponsor.

Interactive Video/Television/Computer-Based Programs

1. Ensure that all instructors/faculty are appropriately trained in the technical aspects of operating specific distributive learning equipment.

2. In the case of interactive television, ensure that each originating site and each receiving site has two-way audio capability so that participants and faculty may communicate throughout the session with little to no delay. In the case of computer-based activity, ensure that timely communications between the students and the CIC are available to address student concerns.

3. Policies and procedures must be in place in the event of a communications failure to ensure that timely communications are available to address student concerns. This policy may include, but not be limited to rescheduling of classes, assignments and examinations.

4. Ensure that each interactive television or video site and each receiving site has sufficient projection equipment suitable for transmitting projected images without loss of reproduction quality.

5. Ensure that each site has audio transmission and receiving equipment suitable for instantaneous two-way communications between all sites.

Equipment and Supplies

1. Course Sponsors shall have dedicated equipment and supplies necessary to develop the student's competencies defined by the educational session's objectives at each site as required by the course schedules. Sufficient quantities of equipment to meet the objectives shall be available to maintain a minimum participant-to-equipment and instructor ratio of six-to-one.

2. Course Sponsors shall provide adequate restrooms and common areas, adequate environmental controls to maintain students comfort and safety.

3. Course Sponsors shall submit an inventory list of all audiovisual equipment, which will be used for the purpose of providing distributive learning courses.

The BEMS encourages Course Sponsors and EMS agencies to offer quality distributive learning opportunities in their areas.

New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: NEW

No. 10 - 01

Date: January 4, 2010

Re: Defibrillators and Epinephrine Requirements

At their December 2009 meetings, the New York State Emergency Medical Services Council (SEMSCO) and the State Medical Advisory Committee (SEMAC) voted to amend Tile 10 of the New York Codes, Rules and Regulations – Part 800 to require that all patients transported by EMS in the State of New York, have access to certain life saving equipment. The amendment will require that all in service ambulances be equipped with defibrillators and epinephrine.

During the regulatory approval process, the SEMSCO and SEMAC are strongly encouraging all ambulance agencies to comply with the following:

1. All in-service transporting ambulances must have the ability to defibrillate patients of all age groups.

   This requirement may be met with either an Automated External Defibrillator (AED) or through Advanced Life Support (ALS) treatment modalities, manual defibrillation.

2. Epinephrine auto-injectors must be on all in-service transporting ambulances that do not already have the ability to administer epinephrine through ALS modalities at the time of interaction with the patient.

   *This requirement is for adult **and** pediatric patients. It may be met by stocking both adult and pediatric epinephrine auto-injectors that are carried on the ambulance or through the use of ALS modalities that are already in-place on the ambulance. The storage and safe guarding must be maintained in compliance with BEMS policy statement 00-15 entitled, "Storage and safe guarding of medications administered by the EMT-Bs".*

   http://www.health.state.ny.us/nysdoh/ems/policy/09-11.htm

This policy for providing defibrillation and epinephrine administration capabilities will take effect on May 1, 2010. However, all EMS agencies are encouraged to implement this policy prior to May 1, 2010. The intent of this policy statement is to promote rapid initiation of defibrillation and epinephrine to those patients who are in need of these life saving modalities.

New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 05-04

No. 09-13

Date: December 28, 2009

Re: Blood Glucometry and Nebulized Albuterol for EMS agencies

BACKGROUND

The New York State Emergency Medical Advisory Committee (SEMAC) has approved the use of glucometers and nebulized albuterol by Emergency Medical Technicians (EMT) who are employees/volunteers of an EMS agency (i.e. ambulance service, ALS-FR, BLS-FR). The SEMAC approval was granted with the specific condition that the EMS agency wishing to use a glucometer or nebulized albuterol, be granted approval by the Regional Emergency Medical Advisory Committee (REMAC), that each EMT from that EMS agency complete a REMAC approved training program, and that the EMS agency be granted a Limited Laboratory Registration (for blood glucometry only).

The purpose of this policy is to explain the approval process for EMS agencies wishing to implement a nebulized albuterol and/or blood glucometry program.

- Prehospital blood sugar evaluation is intended to assist in the recognition of hypoglycemia and improve the speed with which proper treatment is received.
- Nebulized albuterol, when administered under the Statewide BLS Adult and Pediatric Treatment Protocols has been shown to decrease respiratory distress in patients between one and sixty-five years of age who are experiencing an exacerbation of their previously diagnosed asthma.

AUTHORIZATION FOR BLOOD GLUCOMETRY AND/OR NEBULIZED ALBUTEROL

Each REMAC will adopt protocols which will allow an EMT to obtain a blood sample, using a lancet device or equivalent, and test the blood sample in a commercially manufactured electronic glucometer. The REMAC will determine the type and level of record keeping and quality assurance required for both blood glucometry and/or nebulized albuterol. Please note that a protocol for nebulized albuterol has been approved by SEMAC and is included in the Statewide BLS Adult and Pediatric Treatment Protocols for EMT-B and AEMT.

To be authorized to use an electronic glucometer or nebulized albuterol, the EMS agency must make written request to the appropriate REMAC. The request must include, but not necessarily be limited to, the following items:

- A letter from the EMS agency physician medical director supporting the request and indicating an understanding of their role in the Clinical Laboratory requirements (blood glucometry only) and quality assurance process

- A completed NYS Department of Health Clinical Laboratory Limited Laboratory Registration Application (DOH-4081) for blood testing licensure (blood glucometry only)
- Written policies and procedures for the operation of the glucometer and storage and maintenance of nebulized albuterol that are consistent with applicable Regional and State protocols. These policies and procedures shall include, but not necessarily be limited to the following:
  - didactic and psychomotor objectives for training of authorized users including who will be authorized to conduct this training;
  - documentation and attendance records of the training of authorized users;
  - a defined quality assurance program, including appropriateness review by the EMS agency physician medical director;
  - documentation of control testing process (blood glucometry only);
  - written policies and procedures for storage of the glucometer and/or nebulized albuterol, and proper disposal of sharps devices (blood glucometry only);
  - notice to the EMS agency physician medical director of the use of the glucometer and/or nebulized albuterol, and;
  - requirements for documentation when the glucometer and/or nebulized albuterol is used for patient care.

LIMITED LABORATORY REGISTRATION FOR BLOOD GLUCOMETRY

New York State Public Health Law requires that any EMS agency testing blood glucose, whether by electronic glucometer or chemstrip, be required to possess a **Limited Laboratory Registration**. In order to obtain the Registration, EMS agencies must complete and submit the following documents:

- **Limited Service Laboratory Registration (DOH-4081)**
- **Disclosure of Ownership and Controlling Interest Statement (DOH-3486)**

The information and appropriate application paperwork is available at:

http://www.wadsworth.org/labcert/clep/Administrative/ChangeForms.htm

No EMS agency may engage in the testing of blood glucose without a registration permit.

NOTIFICATION

Once the EMS agency has received written approval for blood glucometry and/or nebulized albuterol from the REMAC, the EMS agency must provide BEMS with an updated and signed **Medical Director Verification Form (DOH-4362)**, indicating the Limited Laboratory Registration permit number (if applicable) and authorization by the EMS agency physician medical director.

Issued and authorized by Bureau of EMS

New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 00-14

No. 09-12

Date: December 28, 2009

Re: Storage and Integrity of Prehospital Medications and Intravenous fluids

Purpose

Due to the unique nature of the prehospital environment, medications and intravenous fluids that are stored and used in the prehospital setting are subjected to extreme environmental changes. This may have a negative impact on the stability, strength, quality and purity of these medications. As a result, medications may become less effective or may negatively impact the patients. Programs should be implemented with regards to how medications and intravenous solutions are stored in the EMS stations and vehicles. This policy applies to all BLS and ALS agencies that carry medications and/or intravenous fluids.

Policy

In an effort to assist agencies in maintaining the integrity of prehospital medications and intravenous fluids, the following should be the **minimum** requirements implemented by each service authorized to carry prehospital medications and intravenous fluids.

- All EMS services authorized by the Regional Emergency Medical Advisory Committee (REMAC) to carry medications and intravenous fluids must develop policies to define the appropriate storage and maintenance of all medications and intravenous fluids. These policies should also be incorporated in to the agency's policies and procedures as well as the QI program.

- All medications and intravenous fluids must be stored in an environment that protects them from extreme temperature changes and light according to each medication manufacturer's guidelines. This includes all vehicles, stationary cabinets or any other storage facilities where medications and intravenous fluids are stored. According to manufacturer's guidelines, most medications must be stored at temperatures that range from 59 degrees to 77 degrees Fahrenheit[1]. However, the temperature ranges may differ for many medications.

- Agencies must have policies related to the recognition, destruction and replacement of medication that have been exposed to conditions outside or have surpassed the printed expiration date as required by the manufacture's guidelines.

- Agencies must routinely monitor and record the temperatures for all locations where medications and intravenous solutions are stored.

[1] New Jersey – Drug Adulteration Study, October, 1995

New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 00-15

No. 09-11

Date: December 28, 2009

Re: Storage and Safe Guarding of Medications Administered by EMT-Bs.

Purpose

The medications approved for use by Emergency Medical Technician - Basics (EMT-B) are considered to be lifesaving measures. As such, care should be taken to allow for immediate access, while safe guarding the medications when not caring for a patient. This policy is developed to address concerns regarding the storage and safe-guarding of medications that may be administered in accordance with state and regional BLS protocols by EMT-Bs.

Policy

Prior to implementing prehospital medication administration, each agency must receive approval from their Regional Emergency Medical Advisory Committee (REMAC). All EMS agencies carrying medications for use by EMT-Bs, prior to placing them in service, must develop policies and procedures that include, but may not be limited to the following items; inventory control, storage, expiration and replacement of these items and the process for provider education.

In an effort to assist agencies in maintaining control of the medications that may be administered by EMT-Bs, the following should be the minimum requirements implemented by each service providing this level of care.

- The medications must be stored in an environment that protects them from extreme temperature changes and light. According to most medication manufacturer's guidelines, medications must be stored at temperatures that range from 59 degrees to 77 degrees[1].
- All medications must be secured in a container or location capable of being secured with a lock or numbered tear-away-type inventory control tag when not being used for patient care.
- The medication must be placed in either a closed ambulance compartment or inside a bag or box that is taken to the patient's side.
- It is strongly recommended that BLS medications not be placed in the same locked cabinet with medications, syringes or needles used by Advanced Life Support Providers.
- The EMS agency must provide safe disposal for medical waste/sharps on EMS vehicles.

[1] New Jersey – Drug Adulteration Study, October, 1995