



## Advisory 19-09A: 2019 NYS EMS Collaborative Protocol Update

To: All EMS Agencies and Providers  
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Regional Medical Director  
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The 2019 NYS EMS Collaborative Protocols have been updated to be consistent with the Statewide BLS Protocols and are effective immediately. All providers are required to complete the following update prior to December 31, 2019.

Before completing the Protocol Update, Providers are expected to update and/or install the Smartphone App developed specifically for the Collaborative Protocols. Those Apps can be found at the following locations:

[NYS EMS Collaborative Protocols \(iPhone\)](#)

[NYS EMS Collaborative Protocol \(Android\)](#)

New York State has contracted with Cypherworx to distribute content. Providers that have an existing Cypherworx account will NOT need to create a new account for NYS. However, all providers are required to log in to the NYS site so their existing account can be linked. Given there are few changes in the protocols for MLREMS providers, we have worked with NYS to streamline the update process as much as possible for the provider.

If you previously completed a MLREMS Collaborative Protocol Update, you are required to complete the following two courses:

- 2019 NYS BLS Adult and Pediatric Protocol *Regional* Update (short module ~ 15 minutes)
- MLREMS Affirmation of NYS Protocol Completion (~10 minutes)

If you have **not** previously completed a MLREMS Collaborative Protocol Update effective the date of this Advisory, you are required to complete the following course:

- 2019 NYS BLS Adult and Pediatric Protocol Update (~ 90 minutes)

Please see the [NYS Cypherworx Account Instructions](#) if you need assistance with creating your NYS Cypherworx account or linking your existing account to the NYS Cypherworx account.

It is the responsibility of the agency to ensure provider compliance with the protocol update. It is also the expectation that every provider will familiarize themselves with the entirety of the current protocols that guides their level of care. A document highlighting the protocol changes for BLS and ALS providers is available [here](#).

This Advisory Replaces Advisory 19-09 – NYS Protocol Update Interim Guidance.

With any questions, please do not hesitate to contact this office.

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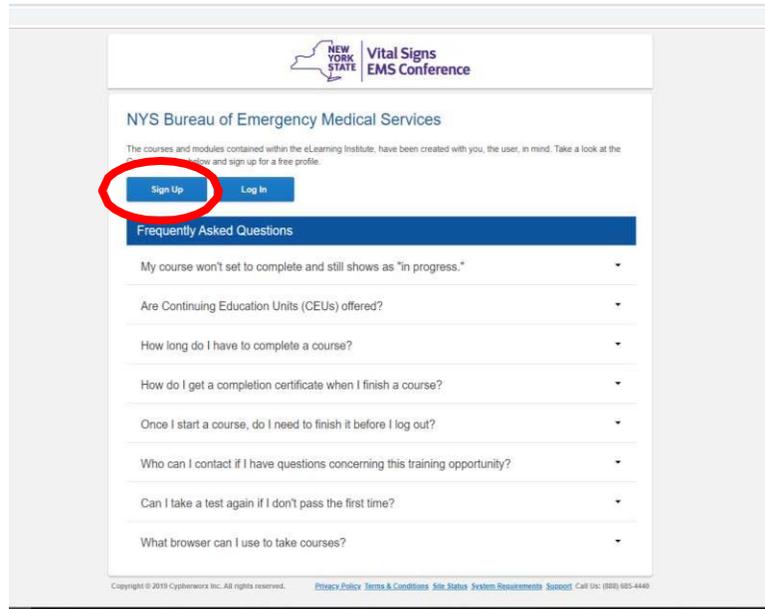
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# **INSTRUCTIONS FOR CREATING A NYS CYPHERWORX ACCOUNT**

Everyone will be required to register with New York State prior to beginning any of the training modules, specifically the 2019 BLS Protocol Update.

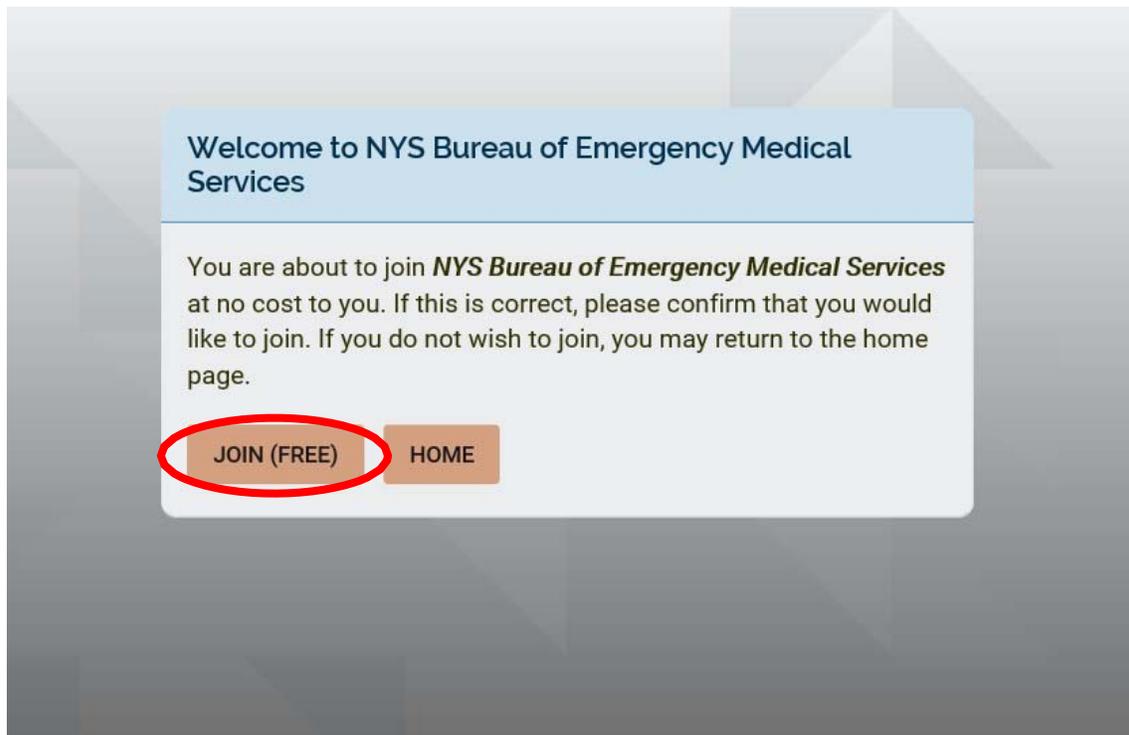
1. Start by navigating to the following webpage: <https://collabornation.net/nyems>
2. You will be directed to the page shown below.
  - Please click the “Sign Up” button if you need a new account
  - Please click the “Log In” if you already have a Cypherworx account and then skip to Step #4.



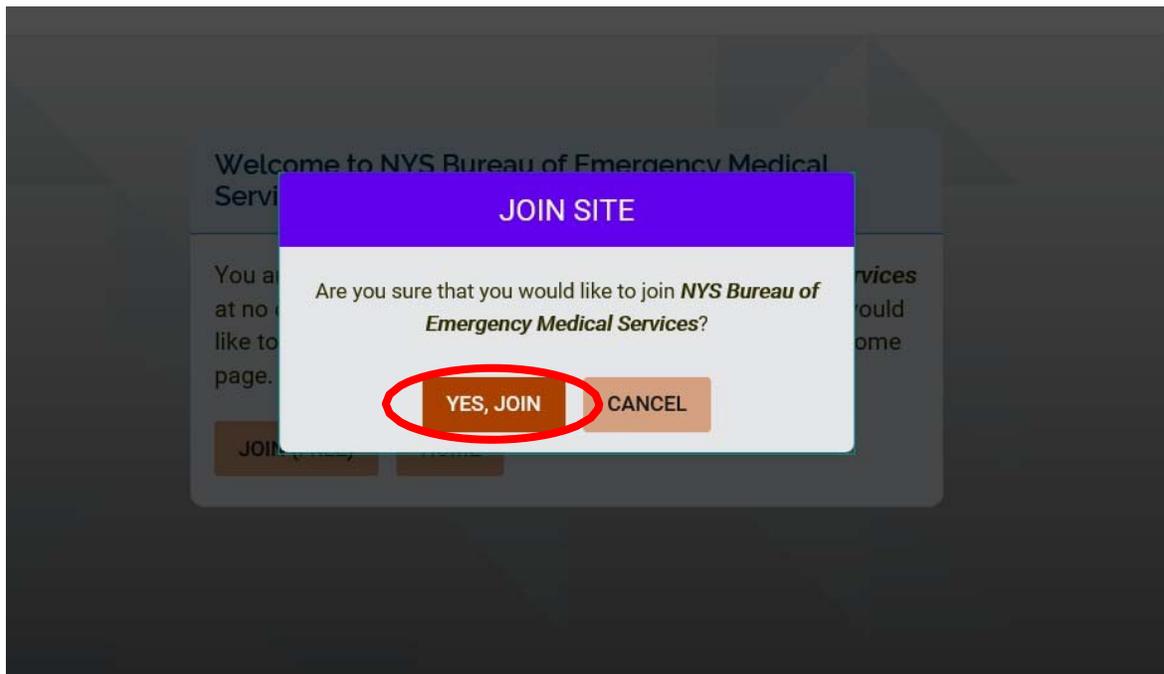
3. The next page you will be directed to is the beginning of the registration process. Fill in your first and last name, enter your Email address, create a password, click the CAPTCHA box, agree to the terms and privacy policy, and click “CREATE ACCOUNT”.

A screenshot of the registration form titled "Create Account for NYS Bureau of Emergency Medical Services". The form includes input fields for "First Name", "Last Name", "Email", "New Password", and "Confirm Password". Below the password fields is a "Password strength" indicator. There is a checkbox for "I'm not a robot" with a reCAPTCHA logo and links for "Privacy - Terms". Another checkbox is for "I have read and agree with the Terms and Privacy Policy.". At the bottom, there is a "CREATE ACCOUNT" button and a link for "Log In". A footer link says "Not looking for NYS Bureau of Emergency Medical Services? Find my Organization."

4. You will then be directed to this next page. Please click the “Join (Free)” button.



5. You will then be directed to this next page. Please click the “Yes, Join” button.



6. Once you create your account and joined, you will be directed to additional registration fields. Please fill out your cell phone number (if you do not have a cell phone number please use your home number), your EMT level, and your EMT number.

**Registration Fields**

Please fill out this form to complete registration.

Cell phone number \*

EMT Credential(s) \*

- \*Not applicable
- AEMT
- AEMT-CC
- BASIC
- CFR
- EMT
- Paramedic

EMT Number (if applicable - please enter n/a if not applicable) \*

Other Credential(s) - (select all that apply) \*

Please fill in any other credentials you may have. For example, instructor (CPR, CIC, CLI), Firefighter, RN, MD, etc. If you do not have any additional credentials, please select the \*Not applicable box. If you have any other credentials, please list in the box provided.

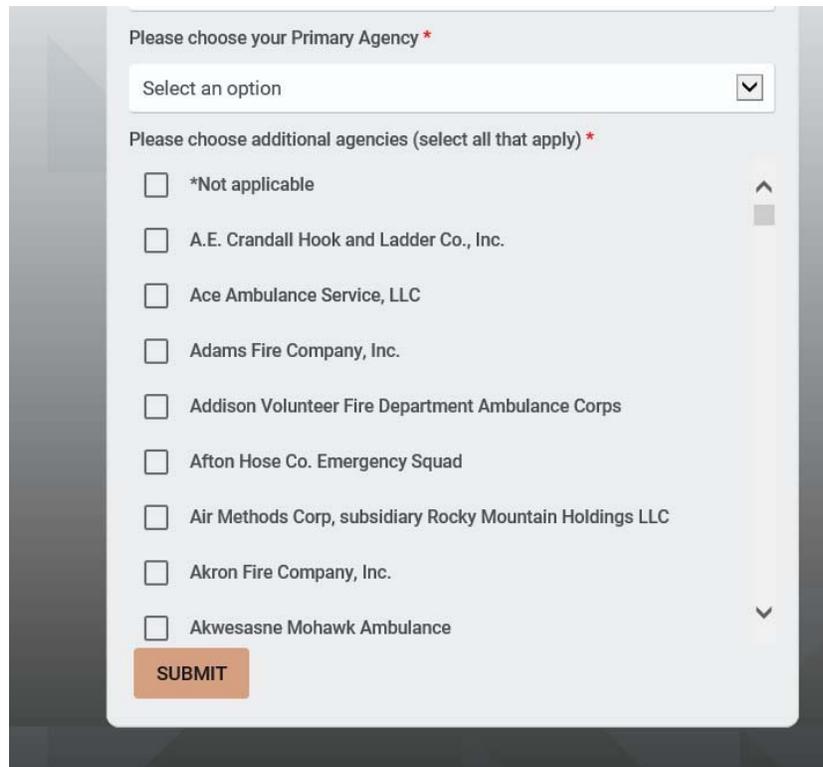
Other Credential(s) - (select all that apply) \*

- \*Not applicable
- AHA/ARC CPR instructor
- Certified Instructor Coordinator
- Certified Lab Instructor
- Dispatcher
- Firefighter
- Law Enforcement/Public Safety
- LPN
- NP

Other Credential(s) - (write in box if you did not find your credential(s) in any checkbox choices)

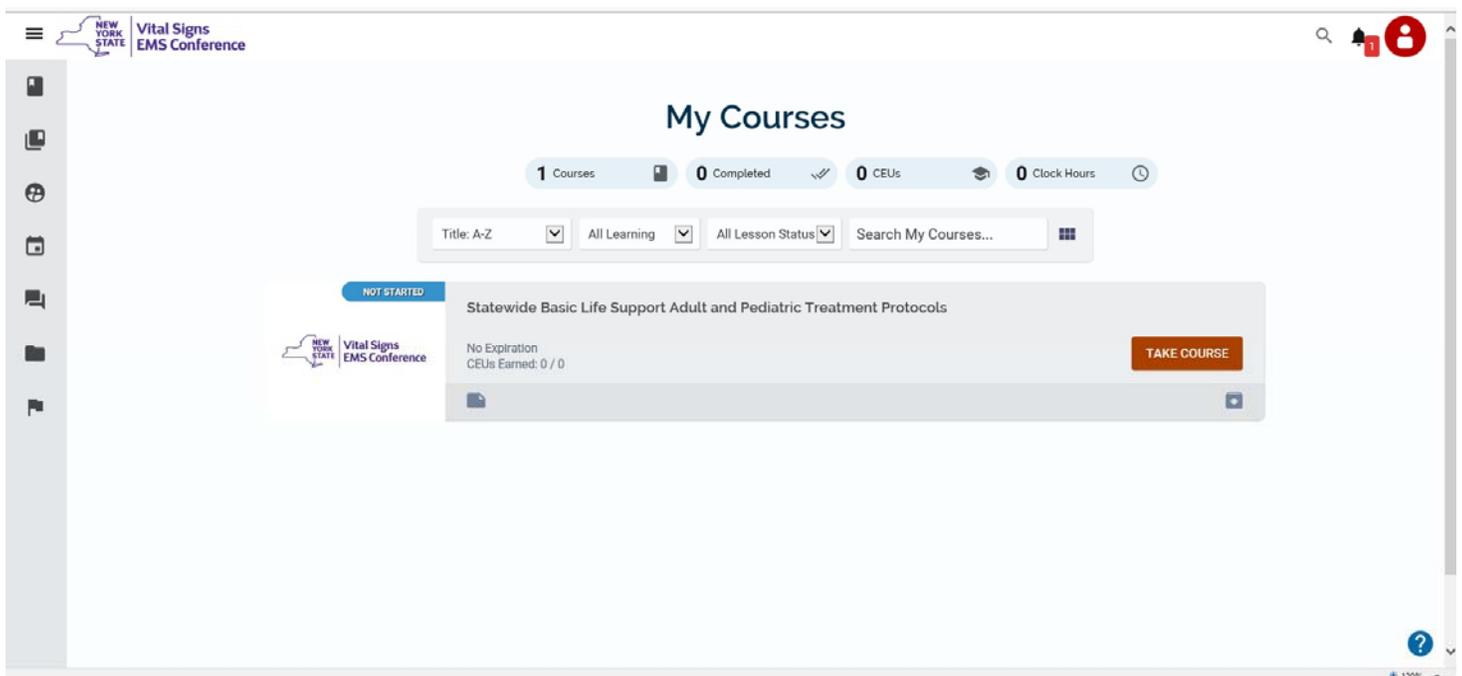
Please choose your Primary Agency \*

Please choose your ***PRIMARY*** agency from the drop-down menu. If you have a secondary, or multiple agencies that you belong to, please choose them in the second section. If you do not have any secondary agencies, select “***Not applicable***”. Please make sure you fill in all boxes. Once completed click the “SUBMIT” button. If you hit submit and it does not advance you to the next page the area you missed will be highlighted in red.



The image shows a registration form with two main sections. The first section is titled "Please choose your Primary Agency \*" and contains a dropdown menu with the text "Select an option". The second section is titled "Please choose additional agencies (select all that apply) \*" and contains a list of agencies, each with an unchecked checkbox. The agencies listed are: \*Not applicable, A.E. Crandall Hook and Ladder Co., Inc., Ace Ambulance Service, LLC, Adams Fire Company, Inc., Addison Volunteer Fire Department Ambulance Corps, Afton Hose Co. Emergency Squad, Air Methods Corp, subsidiary Rocky Mountain Holdings LLC, Akron Fire Company, Inc., and Akwesasne Mohawk Ambulance. At the bottom of the form is an orange "SUBMIT" button.

7. This will complete your registration and you will be directed to the course page.



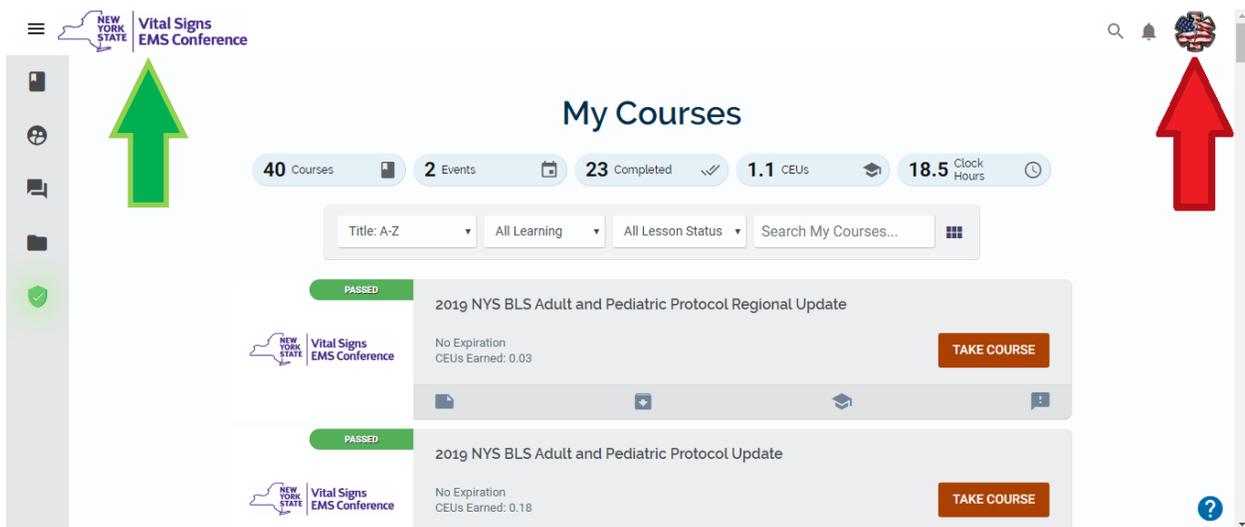
The image is a screenshot of a web application interface. At the top left, there is a logo for "NEW YORK STATE Vital Signs EMS Conference". The main heading is "My Courses". Below the heading, there are statistics: "1 Courses", "0 Completed", "0 CEUs", and "0 Clock Hours". There are also filters for "Title: A-Z", "All Learning", and "All Lesson Status", along with a search bar "Search My Courses...". A course card is displayed with the title "Statewide Basic Life Support Adult and Pediatric Treatment Protocols", "No Expiration", and "CEUs Earned: 0 / 0". A "TAKE COURSE" button is visible on the right side of the card. The bottom right corner shows a help icon and a zoom level of "120%".

8. Upon entering the site, you will be assigned both of the BLS protocol updates. Please ensure that you complete the correct course based on MLREMS Advisory 19-09A: 2019 NYS EMS Collaborative Protocol Update.

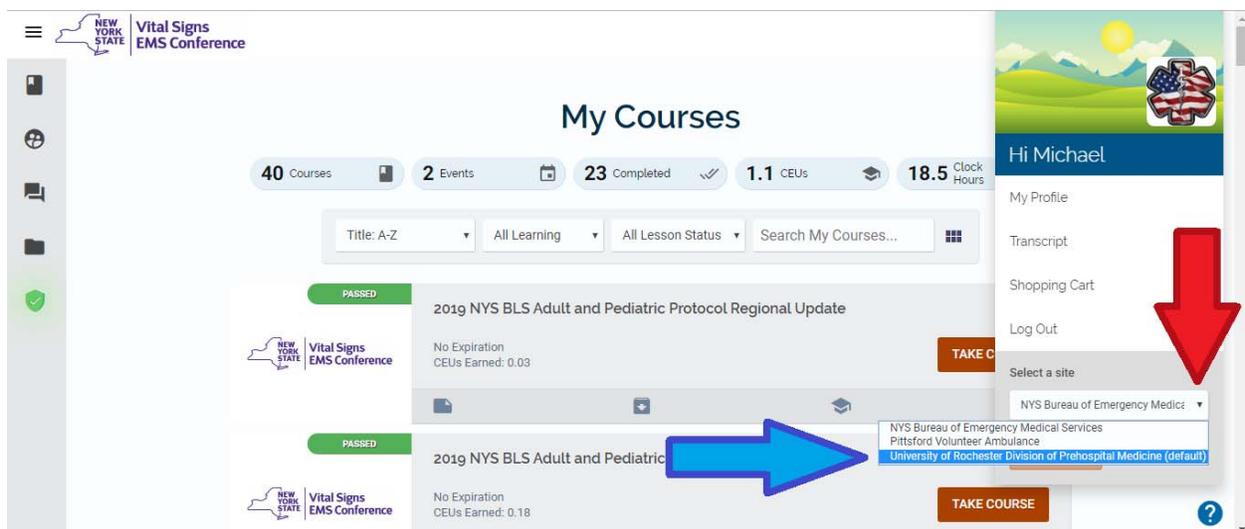
# **NAVIGATING BETWEEN CYPHERWORX SITES (NATIONS)**

Now that you have an account in two (2) Cypherworx sites, or nations as they are referred to, you will need to understand how to navigate between them. Different course may be hosted in different nations – but YOUR courses will always be tracked in ‘My Courses’ and in your personal transcript.

If you followed the instructions above, you should be in the NYS site (or nation) of Cypherworx. This is indicated with the NYS icon in the upper left corner of your screen (green arrow). To change back to the University of Rochester nation, you will begin by clicking on the icon in the upper right corner (red arrow). In the image below, my icon is a star of life with a flag inside – yours will likely be a circle with a person icon inside.



This will open a window with several choices – at the bottom of the window, there is a drop down box under the ‘Select a site’ label (red arrow). Clicking here will show you all the nations you belong to currently. Select the University of Rochester nation from the list (blue arrow) and you will automatically redirected to that nation.



You will know that you are in the University of Rochester nation because the header will have changed to blue, and the University of Rochester logo will now appear in the upper left corner (red arrow).

The screenshot displays the 'My Courses' interface. At the top, a blue header contains the University of Rochester logo on the left and search, notification, and user profile icons on the right. A red arrow points to the logo. Below the header, the page title 'My Courses' is centered. A summary bar shows: 40 Courses, 2 Events, 23 Completed, 1.1 CEUs, and 18.5 Clock Hours. Below this are filter dropdowns for 'Title: A-Z', 'All Learning', and 'All Lesson Status', along with a search bar. The course list shows two entries, both with a 'PASSED' status and a 'TAKE COURSE' button. The first entry is '2019 NYS BLS Adult and Pediatric Protocol Regional Update' with 'No Expiration' and 'CEUs Earned: 0.03'. The second entry is '2019 NYS BLS Adult and Pediatric Protocol Update' with 'No Expiration' and 'CEUs Earned: 0.18'. Both entries feature the 'Vital Signs EMS Conference' logo.

You should notice that the 'My Courses' list has remained the same. The differences will come from the Course Catalogs and the materials available. The University of Rochester nations has several course to chooses from as many of you are familiar. Currently, this option is not available in the NYS nation, and the only courses available are the Protocol Update courses you see above.

## **2019 NYS EMS Collaborative Protocol Update for the MLREMS System**

The MLREMS region has previously incorporated many of the changes in the 2019 New York State EMS Collaborative Protocols through the implementation of our local care bundles. As a result, there should be no significant changes to patient care performed within the MLREMS region related to the release of the 2019 NYS EMS Collaborative Protocols.

There are a few changes in the 2019 NYS EMS Collaborative Protocols that are worth noting. However, each provider will be expected to familiarize themselves with the entirety of the current protocols that will guide their level of care.

Before reviewing the newest protocols, each provider is encouraged to download the appropriate Smartphone App and use the App to review the protocols:

**[NYS EMS Collaborative Protocols \(iPhone\)](#)**

**[NYS EMS Collaborative Protocol \(Android\)](#)**

### **General changes:**

- Formatting and numbering of the protocols, as the adult and pediatric protocols are intermingled rather than being divided in two unique sections. The numbering convention is as follows:
  - Single (#.#.#) – covers both adult and pediatric care
  - Adult (A#.#.#)
  - Pediatric (P#.#.#)
- You will notice marks (most commonly an asterisk\*) used to indicate footnotes within individual protocols. The definition and/or explanation is typically found in the 'Key Points' section of that specific protocol.
- The protocols are designed so that BLS interventions should be completed before ALS interventions. Advanced providers are also responsible for, and may implement, the standing orders indicated for the preceding levels of care. Protocols are listed for each provider level and STOP lines indicate the end of standing orders for that level of provider.
- Several protocols have been moved to the reference section and vice-versa.

### **Recurring ideas that are not currently incorporated in the MLREMS region:**

- Acetaminophen and Ibuprofen are listed with indications and contraindications
- 12-Lead ECG acquisition by EMTs
- CPAP (or BiPAP) use by EMTs
- Use of Nitrous oxide

**There is no formal training module in the MLREMS region associated with the release of the NYS EMS Collaborative Protocols. An affirmation of understanding will be assigned through the Cypherworx Learning Management System to all regional providers.**

The following are new sections and/or protocols that were not previously included in prior versions of the NYS EMS Collaborative Protocols. As mentioned previously, no substantial changes to patient care in the MLREMS region should result from these additions and modifications.

Introduction- **NEW**

- The provider levels now include “CFR and all Providers Levels”

Pediatric Definition and Discussion - **NEW**

- Considered for all patients who have not reached their 15<sup>th</sup> birthday

**Protocols**

(1.1) General Approach to the EMS Call (pages 10-11) **NEW**

- Provides a standardized framework for approaching ***the scene***

(1.2) General Approach to the Patient (pages 12-14) **NEW**

- Provides a standardized framework for approaching ***the patient***

(1.3) General Approach to Safety Restraining Devices (page 15) **NEW**

- Provides a standardized framework for approaching ***patient transport***

(1.4) General Approach to Transportation (pages 16-17) **NEW**

- The closest ***appropriate hospital*** may not be the closest hospitals, even for patients in extremis such as those in cardiac or respiratory arrest

(A2.2) and (P2.2) Foreign Body Obstructed Airway **NEW**

- There are now specific protocols for patients (adult and pediatric) with a partial or complete foreign body airway obstruction – the care remains unchanged

(A2.4) and (P2.4) Respiratory Arrest / Failure **NEW**

- These protocols focus on patients (adult and pediatric) with absent or ineffective breathing regardless of the underlying cause and focuses on adequate ventilation

(P3.4.1) Behavioral Emergencies: Agitated Patient – Pediatric **NEW**

- There is now a specific pediatric protocol for managing behavioral emergencies separate from the adult protocol

(P3.7) Cardiac Related Problem – Pediatric **NEW**

- There is now a specific pediatric protocol for managing cardiac related problems separate from the adult protocol

(A3.12) and (P3.12) Fever **NEW**

- These protocols address the management of patients (adult and pediatric) with a fever separate from the management of sepsis and septic shock

(P3.29) Technology Assisted Children **NEW**

- This protocol provides a useful reference for several of the most common special health care needs requiring technological assistance for life support

(3.30) Total Artificial Heart (TAH) **NEW**

- This protocol should be referenced for any request for service that requires evaluation and transport of a patient with a Total Artificial Heart

(3.31) Ventricular Assist Device (VAD) – **NEW**

- This protocol should be referenced for any request for service that requires evaluation and transport of a patient with a Total Artificial Heart

## **References**

(P5.2) APGAR **NEW**

- A simple reference for a infrequently used assessment by prehospital providers

(5.5) Glasgow Coma Score (GCS) **NEW**

- A reference to help ensure accurate documentation of eyes / verbal / motor responses

(5.6) Incident Command **NEW**

- Statement to establish the National Incident Management System (NIMS) as the standard system of command and control for emergency operations in New York State – not previously a standalone section in previous protocols

(P5.14) Pediatric Assessment Triangle **NEW**

- References a method of quickly determining the acuity of the child, as well as assisting in the determination of whether a child is in respiratory distress, respiratory failure, or shock

(5.16) Refusal of Medical Attention **NEW**

- This reference outlines several important considerations that all levels of providers should take into account when any patient with an actual or potential injury or other medical problem wishes to refuse medical care or transport.

(5.18) Transfer of Patient Care **NEW**

- This reference will aide providers in ensuring that the highest level of patient care is maintained until that patient reaches definitive care.
- Additional training on these exchanges can be found on Cypherworx in the course entitled:

*Effective Prehospital Patient Handoffs between Providers*

## **BLS specific changes:**

### (A2.1.0) Cardiac Arrest: General Approach

- After 20 minutes consider calling medical control for: termination of resuscitation, continuing efforts, or transportation in extenuating circumstances.

### (P2.1.2) Cardiac Arrest: Ventricular Fibrillation or Pulseless V Tachycardia – Pediatric

- Pediatric AED pads preferred for children with weight < 25 kg or age < 8 years
- Different from definition of pediatric patients being those that have not reached their 15<sup>th</sup> birthday

### (A3.3) Anaphylaxis – Adult

- Medical Control Consideration for additional IM epinephrine for levels with limited standing order (CFR and EMT).

### (3.11.1) Environmental – Cold Emergencies

- Rewarm the extremity (if the means to do so are available) only if the anticipated time to the hospital exceeds 60 minutes . . .
- Previous time was 30 minutes

### (A3.15) and (P3.15) Hypoglycemia

- Check pupils and if constricted, consider Opioid (Narcotic) Overdose protocol

Note the different combinations for the types of shock:

- (A3.25.1) Shock: Shock / Hypoperfusion – Adult
- (A3.25.2) Shock: Severe Sepsis / Septic Shock
- (P3.25.3) Shock: Sepsis / Shock / Hypoperfusion – Pediatric

### (3.28) Stroke

- Determine the “Last Known Well” . . .
- If the time from the last known well or time of symptom onset to estimated arrival in the ED will be less than 3.5 hours, unless regionally directed . . .
- Follow any local or regional guidelines for triage of stroke patient to centers with endovascular capabilities, if available
- Make sure to collect family or witness contact information to assist with hospital care

ALL of the above are addressed in the MLRES Care Bundle which remains unchanged and will be updated as local practices change.

### (5.15) Prescribed Medication Assistance

- CFR included in the administration of many medications

## **ALS specific changes:**

### (A3.19) Pain Management - Adult

- Ketorolac is now standing order
- Continue to dose according to MLREMS recommendations

### (P3.19) Pain Management - Pediatric

- Max dose of fentanyl is 100 mcg on standing order

### (A3.21) Post Intubation Management

- Fentanyl and Midazolam – no max given in the protocol
- Continue to dose according to the MLREMS recommendations

### (A3.22) Procedural Sedation - Adult

- Midazolam – no max given in the protocol
- Continue to dose according to the MLREMS recommendations

### (A3.23) Rapid Sequence Intubation (RSI) - Adult

- The Key Points/Considerations sections of this protocol states rocuronium is to be used for paralysis only when succinylcholine is contraindicated. However, the MLREMS Regional Medical Director encourage all RSI providers to continue to use their best clinical judgement when determining the most appropriate paralytic to be used for any specific patient encounter.

(4.7) Morgan Lens has been moved to (4.4) Trauma: Burns