Monroe-Livingston REMAC
June 18, 2018
Meeting Minutes

Agenda Review – Elizabeth Murray, DO

- Additions to the agenda, none.

Minutes – Elizabeth Murray, DO

- Motion to approve –Bob Breese. Seconded by Tom Bonfiglio. All in favor, no opposed, no abstentions, motion passes.

State Actions – Ben Sensenbach

- Alejandra Serrano, Part 800.16(a)(4) has abused a patient as patient abuse is defined in section 800.3 of this part.

Old Business – Ben Sensenbach

- Medical Control for RSI in the Finger Lakes Region
  - We still haven't heard anything back. It seems they are working through some policy changes before providing that to us.
- Brockport Ambulance has begun steps to resume service
  - Request received to reinstate ALS service per our regional policy
  - Tabled at last meeting – awaiting CON renewal approval by DOH.
  - No correspondence from BVAC since our last meeting. No one from BVAC is here. Motion to table until the next meeting until we receive anything further by Bob Breese, Seconded by Mike Bove. Discussion: NYSDOH Renewed CON. They are currently not actively taking any 911 calls, so there's no indication that they can cover at least 80% of their calls. All in favor, no opposed, no abstentions, motion passes.
- Hilton Parma Fire District BLSFR
  - Clerical error on their part – application we voted on was the "Hilton Fire Department" but it's the Hilton Parma Fire District that is requesting to be a BLSFR. It's a formality that we have to revote on this matter. Motion by Eran Muto, seconded by Aaron Farney. All in favor, no opposed, no abstentions, motion passes.
- Pittsford Ambulance ALSFR
  - We previously approved Pittsford Ambulance to become an ALS agency due to their merger so there was no disruption in service. We approved Pittsford Ambulance Agency Code 2725 to become an ALS service. When the Bureau finished up their end of the merger, they got rid

of the old agency code and gave them a new one. The Bureau has informed us we need to revote with the new agency code 0700. Motion by Tim Czapranski, seconded by Mike Bove. All in favor, no opposed, no abstentions, motion passes.

New Business – Ben Sensenbach

- Irondequoit ambulance submitted application for BLS BG. Motion by Tony Katsetos to accept, seconded by Connie Vernetti. All in favor, no opposed, no abstentions, motion passes.

Medical Director Report – Ben Sensenbach

- RSI Testing Dates: 7/26, 7/27, 7/28
  - Sign up via Cypherworx
  - With these dates being in July, we understand this can conflict with vacation dates. If you are not able to attend, but need to get in this round as an existing provider, contact our office and we will make arrangements. Going forward, after this year, the tests will be in January, classes in March and simulation exams in April. If you have any questions or concerns regarding this process, contact our office. A note has gone out to all existing RSI providers in order to make them aware of the process.
  - Coupon codes are available if SCT agencies are paying for groups of providers to take the exam. Contact the office and we can help to facilitate that.
- New Care Bundles
  - We are working to get new bundles out to you later this week as a draft so that we can take action at the next meeting.
- Management of Psych Patient Policy – this has been held as Dr. Cushman is working with the Law Enforcement Council to incorporate them in this policy. Once it's completed, it will be sent for your review.

Program Agency Report – Ben Sensenbach

- Status Quo

Patient Safety Subcommittee – Elizabeth Murray, DO

- New membership appointments.
  - Steven Bosley, Steven Holmstrom, Jonathan Lindskoog, Richard Nye, Eric Thomas, Tyler Tornstrom, Nicole Acquisto, Maia Dorsett
  - Policy rewrite in process
  - Evaluating Near Miss Sentinel Event Reporting

- The last time we looked at Medication errors, agency leaders didn't think they were happening, but providers reported a high percentage that they were. We got the feeling that the providers don't want to report issues to their agencies. We would like to create an anonymous reporting system.

Protocol & Policy Subcommittee – Ben Sensenbach

- The Collaborative Protocol workgroup is working diligently to release an updated version later this year. More information will be available in coming months. As soon as the draft is available it will be sent to you for review.

Council (MLREMS) – Reg Allen

- MLREMS sent a letter to the State to clarify the Brockport operating certificate on how they came to the decision to renew the CON as it doesn't fall into the current policy. When the reply is received, we will send it to REMAC for review.

Training & Education – Ben Sensenbach

- No Report

State Council Meetings – Mark Philippy

- Report has been sent (6/5) and attached to these minutes. Any questions send to Ben and we will follow-up.

Regional Trauma Advisory Committee –Bob Breese

- See attached.
- Stop the Bleed – query sent to see what the barriers to the program are:
  - Schools thought too violent for students to use tourniquet
  - "How to save a life" training
  - Expensive
- Prehospital notification and Interfacility Transport Times
  - Interfacility Transport Times - Still too long. Much of the delay transferring patients are due to imaging delays at the sending facility.
  - Early notification – the trauma center requests if there are two or more trauma patients in any single incident. Any notification for trauma patients should include any incidents of hypotension while patient is being moved as long as they don't think it's an erroneous reading.
- Reminding providers to review the Spinal Motion Restriction Training on the MLREMS Website.

- NFPA 3000 is out – Trauma center role in active shooters.
- Case Discussions – primarily patients who had pelvic injuries who were not immobilized correctly. Reminder that tying a sheet can work as well as T-Pod device. Reminder that if you are binding their pelvis, you need to tie their feet as they tend to continue to open the pelvis.

Individual Hospital Reports

RGH – Eran Muto, DO

- Soliciting EMS feedback – if you are having any issues calling into the red phone to let RGH know.

SMH/Strong West – Ben Sensenbach

- Strong – well aware that there are issues with the ED flow and EMS traffic. The first temporizing measure should be functional by Christmas in order to open things up.

Highland – Timothy Lum, MD

- No Report

Noyes – Aaron Farney, MD

- No Report

Unity/St. Mary's – Bruce Thompson, MD

- Ketamine shortage and pharmacy is holding all vials left.

Medical Operations Committee – is that moving forward? Yes, we are working on setting a framework and more to come on that shortly as we make arrangements.

Motion to adjourn: Bob Breese, Seconded by Michael Bove. Motion Passes.

Next Meeting is August 20, 2018 at the PSTF, 1190 Scottsville Road, Rochester, NY, at 1700

Link for full meeting video:
https://youtu.be/bBM4_7sPRJ8

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissio

Case Number: 20160462

June 6, 2018

To: All Regional EMS Councils
All DOH Regional Offices

Please be advised that as a result of an investigation conducted by the Department of Health, the following individual's New York State Certification has been:

Revoked effective 5/21/2018.

For violations of 10 NYCRR Part 800.16(a)(4)

Name:	Alejandra Serrano
Address:	1315 Crosby Ave Bronx, NY 10461
Birthdate:	8/28/1978
EMT Number:	264928

Please make sure that the chair of your REMAC receives a copy of this form. We are requesting your assistance to help ensure that any advanced medical control privileges, specific agency approvals, or other patient care responsibilities are consistent with the above enforcement action.

This enforcement action is a matter of public record and should be read into the minutes of your next regularly scheduled meeting.

Any questions in regard to this matter should be directed to the Bureau of Emergency Medical Services Investigations Unit at 518-402-0996, extension 2.

Report of the New York State Emergency Medical Services Council Meetings
May 15-16, 2018

Mark Philippy, MLREMS Council Representative to SEMSCO

Medical Standards -

Ryan Greenberg was introduced as the new Bureau of EMS and Trauma Systems Director

EMS for Children (EMS-C) Report:

- Martha Goelke (BEMSAT Representative to EMS-C) reported that the Pediatric readiness data has been postponed, due in September.

- EMS-C reports that an assessment (survey) being completed to determine hospital ED compliance with the regulation that hospitals must have interfacility transfer agreements that include patients of all ages.

- Only ~22% of NYS agencies check competency in pediatric equipment usage at least once within a 2 year time frame (best practice is once every six months).

Stroke:

- Recommending that Regional variation based on resources within those communities be considered in any further iterations of the proposed Stroke protocols.
- The proposed NYC Region model stroke assessment ("Los Angeles Motor Scale + Speech") plus medical control consult to determine hospital destination is approved. – *see attached.*

Medical Standards physicians are looking at BEMSAT Policy 99-11 along with the Dept. of Education looking to revise response to School Emergencies.

BLS Protocols:

- Goal at this time is for Council / SEMAC Approval in September after public comment period ending July, then implementation 1/1/19. (Attach BLS Protocol draft to this report)
- Pediatrics – pediatric protocols will apply to patients who have ***not reached their 15th birthday.***
- Inclusion of cardiac arrest time frames before termination of resuscitation can be considered, and inclusion of pediatric termination.
- EMT's allowed to acquire and transmit 12 Lead EKG to a hospital for interpretation and action - they cannot interpret but can act on device indication and confer with medical control.
- Rewarming - comment regarding the feasibility of such practices in 60+ minute transports, how are we to obtain "105 degree" temperature and maintain it? What are the mechanisms for such a process (heat packs, thermometers, source of water?).

- Pediatric anaphylactic reaction - remove "true" and remove adult references.

AEMT Protocols - Collaborative Protocol updates by advanced task force. To make Collaborative consistent with scope of practice for AEMT curriculum:

- Add Albuterol 2.5 mg nebulized up to three doses in asthma
- Add Epi 1:1,000 at 0.1 mg/kg IM for severe respiratory distress up to 0.3 mg. in asthma.
- Add standing order nitroglycerin 0.4 mg SL for Acute Coronary Syndromes
- Add physician option nitroglycerin 0.4 mg SL for pulmonary edema
- Add epinephrine if hypotensive or respiratory distress in allergic/anaphylaxis
- Add 2.5 mg Albuterol up to three doses for allergic/anaphylaxis
- Add bilateral chest decompression in traumatic cardiac arrest, medical control option otherwise (unilateral, tension pneumo).

Collaborative Protocol Process - how does that comport with the current process of regional protocol approvals, or do we have a new process in the Collaborative? If you agree to "join" with the Collaborative, do you need (at the local REMAC level) to approve changes in the Collaborative?

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Training & Education -

Bureau Report:

- Renewals for CIC/CLI will be and have been sent out via Google group, paperwork is available on line.
- Survey for CBT (computer based testing) training option:
  - 58 people approved to go through pilot project only 16 people completed it.
  - Preliminary feedback from those 16 is positive.
- CC to Paramedic Bridge likely to be available in Fall, 2018, most of the online didactic is complete.
- CME Based refresher program:
  - Looking to Summer 2018 for updates to forms and manual.
  - Hours have stayed the same as previously discussed at Vital Signs 2017.
  - Look for roll-out in the next month or two.
  - Feedback from participants that there is a lack of oversight in some agency CME programs. Bureau is addressing it on a case by case basis.
- Regional Faculty 3 hour segments for CIU updates:
  - Mandatory three hours but you can do more if you choose.
  - Classes more than 3 hours will be given a separate course number for each three hour block.
- There has been an issue found during Bureau audits of course materials regarding CIC's that have been found to be expired and are still teaching.
  - In most cases the course application was put in before the CIC's expiration date.
  - About 12 Statements of Deficiency were issued in May alone, sent to Course Sponsors
  - However the Course Sponsors should know the expirations of and have on file the certificate for their CICs.
- CLI numbers are down across the state, we need to encourage more CLIs. CIC's should identify at least one person in each course who could be developed as a CLI. There are currently 582 CLIs statewide.
- Instructor Policy Statement going through approval process in final stages of revision now.
- 360 people have started through the NAEMSE "fast track" process to CIC, 193 have completed.
  - NAEMSE Fast-track instructors *may not* qualify as CLI's unless they have completed CLI training in NY (in order for them to count toward the 50% of certified instructor requirement in the lab).
  - According to A. Johnson this is because the NAEMSE program does not provide sufficient practical skills (psychomotor) training versus didactic/lecture (cognitive).
- Looking to resurrect the regional faculty program later in the Summer 2018, it was put on hold due to budget restrictions.

Adoption of BLS Protocols:

- New format is something that will need orientation for providers.
- Most of the protocols are good medicine that we are already doing in general as part of our clinical care.
- Try to keep this as simple as possible and limit the amount of testing that is required.
- An online training method is conducive to the presentment of this new format and protocol set.
- There are some areas that need to be highlighted and emphasized.
- The state practical exams and written exams will need to be overhauled - a workshop will need to be held to correlate the new BLS Protocols with the exam questions/skills.
- January 2019 roll-out is still very do-able.
- Third week of January is the next testing cycle for the courses in Fall 2018, so the education piece will need to be completed by December.

Finance -

Tom Behanna has returned to the Bureau and rejoined the Finance Committee as BEMSAT Representative.

Due to the quorum issue in January, the Council's proposed BEMSAT Budget was not sent to the Governor.

BEMSAT Budget remains the same as last year with reported cash ceiling $15,500,000. $10,500,000 is earmarked for Aid to Localities, remainder to the Bureau operations.

New budget template to be sent out to Regions shortly. It is our intention to get the budget together in September, 2018 instead of January for the 19/20 fiscal year.

Safety -

Part 800.22 Manufacture Standards for Ambulances was intended to be sent to Council for approval (copy out to Council members with historical reference).

- However after meeting with Director Greenberg it was determined there were items of specific concern for him that needed to be addressed in the revision.
- Sent back to Committee.

BEMSAT Policy 00-13 Operation of Emergency Vehicles:

- Sent to Committee Members with additional wording regarding driver fatigue.
    - There is a bill before the Legislature now to require the Department of Health to collaborate with the State Council *and* the Department of Transportation on development of regulations for ambulance drivers.
    - Specific mention is made in the draft legislation about addressing fatigue and fitness for duty.
    - There are concerns that if we do not develop our own policy ahead of this, something already existing may be imposed (such as 19a Commercial Driver certification).
- Sent to Committee Members for review of Model Policy

Provider Resiliency:

- Pending State legislation in Assembly and Senate puts fine point on the need for guidance documents that address at least provider fatigue in the driving environment.
- Tom Fortune (BEMSAT Representative) suggests that a SEMSCO / SEMAC Advisory filtered through the Regional Councils would be more effective and likely to be promulgated than a Bureau Policy statement or regulation - at least until the proposed statute is enacted.

Ballistic Vests:

- No action as neither committee member on that task team was present, revisit in Zoom Meetings and in September.
- Focus must be on policy development (model) and training, with some discussion of funding streams.

Zoom Meetings:
Committee members should plan for at least two Zoom meetings between now and September SEMSCO, week of June 25th and week of September 3rd.

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EMS Systems -

Bureau Report – Dana Jonas – *see attached*

- The Bureau urges agencies to maintain their critical legacy VHF 155.340 radios to permit intra-state and inter-state interoperability. It is the only frequency designated by the state and federal governments as EMS critical frequency.
- Any agencies with contract staffing agreements should send their (redacted) contracts to the Bureau so they are able to know who is working where and for whom.
- Call (518) 473-2160 OHIP for billing-related questions. The Bureau does not handle billing issues.
- Request that agencies and Regional Councils please contact the Bureau (Dana, Dan) with any new CON/TOA applications as soon as practicable to enable the Bureau to assist with completeness and fitness/competency issues.
- ePCR is moving to NEMSIS Version 3, version 3 data now coming in from AMR.
    - Coverdell has some funding available for agencies to build data bridges into NEMSIS Version 3 within Monroe-Livingston Region and get agencies that are not using ePCR on board.
    - Data Exchange Incentive Program to connect physicians, hospitals, and allied healthcare programs (Federal program through Office of Patient Safety DOH). There is seed money available to help agencies connect with the State Health Information Network (SHIN-NY).
    - Current version is 3.4, 3.5 is projected to be available in early 2019.

Dan Clayton – BEMSAT:

- Significant reduction in Bureau field staff.
- One staff member on medical leave, possibly retire, another field Ops person in Buffalo retiring (Jim Mahalko), and Dana Jonas is planning to leave in the near future.

How soon does the Department what to see a renewal for operating certificate and CS license?

- 30 days, packets will be sent out 90 days prior to expiration.
- Too many last-minute renewals are being received and agencies run the risk of one or both certificates being rejected and there being a lapse in certification.

Legislative –

Propose for Council to oppose Assembly Bill A7505A / Senate Bill S5643A modifying Article 30 Section 3011 as follows:

- AN ACT to amend the public health law, in relation to directing the commissioner of health, in consultation with the commissioner of transportation and the New York state emergency medical services council, to establish rules and regulations for ambulances

- THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- Section 1. Section 3011 of the public health law is amended by adding a new subdivision 12 to read as follows:

12. THE COMMISSIONER SHALL, IN CONSULTATION WITH THE COMMISSIONER OF TRANSPORTATION AND THE STATE COUNCIL, ESTABLISH RULES AND REGULATIONS FOR AMBULANCE SERVICES IN ORDER TO ENSURE THE PHYSICAL SAFETY OF PASSENGERS AND THE PUBLIC AT LARGE DURING THE TRANSPORT OF SUCH PASSENGERS. SUCH RULES AND REGULATIONS SHALL INCLUDE, BUT SHALL NOT BE LIMITED TO, THE ALLOWABLE NUMBER OF CONSECUTIVE HOURS AN AMBULANCE DRIVER MAY WORK AND THE REQUISITE TRAINING AN AMBULANCE DRIVER SHALL RECEIVE PRIOR TO OPERATING AN AMBULANCE.

Rationale for opposition – there exists mechanisms within the State Council and BEMSAT, in particular through the Safety Committee, to address these matters without creating new regulations.

- SEMSCO later voted to oppose this legislation, communicated through the Legislative Committee.

Assembly Bill A233A – Community Paramedicine – Still being addressed and there is still opposition to the current version from the state Nurses' Association.

State Council Elections –

Chair – Patty Bashaw
1st Vice Chair – Mark Philippy
2nd Vice Chair – Steve Cady

All candidates ran unopposed with no nominations from the floor.
Terms expire in January, 2019. Elections were delayed due to lack of quorum in January.

NEW YORK STATE | Department of Health

Bureau of Emergency Medical Services and Trauma Systems

TO: Mr. Chairman and the Systems Committee
FROM: BEMSATS Operations Section
DATE: May 16, 2018
SUBJECT: Operations Report

In following the format presented to the committee in the January report, the following information is intended to indicate the overall trends related to CON actions statewide. Regional Councils and Program Agencies may contact the bureau directly if further statistical information is needed specific to their own regions.

- **A30 PHL Appeals received from Bureau of Adjudication for SEMSCO action**
  – *Note that the ALJ Report & Order just received did not arrive in time for inclusion in the current SEMSCO meetings. The appeal will be sent to SEMSCO members in early August and placed on the September 26, 2018 agenda.*
  - Ambulance EOT = 1
- **Appeals to Article 30 actions currently at ALJ for Adjudication**
  - Ambulance EOT = 1
- **Certified Ambulance or ALSFR Services Ceasing to Operate**
  - Ambulance = 0
  - ALSFR = 0
- **Certified Ambulance or ALSFR Services Transferred to New Owners**
  - Ambulance = 9
  - ALSFR = 1
- **Municipal CON Declarations under A30 PHL 3008(7)(a)**
  - Ambulance = 0
  - ALSFR = 1
- **Municipal conversions to permanent status (rollovers)**
  - Ambulance = 5 (2 current, 3 due by 4th qtr & in process)
  - ALSFR = 2 (1 completed, 1 due by 4th qtr & in process)
- **New Services Approved – Federal or Air Services**
  - Ambulance = 1 (Air Rotor Amb pending)
  - ALSFR = 0
- **New Ambulance & ALSFR Services Authorized under A30 PHL (Non-Muni Declared)**
  - Ambulance = 2 (Received or known to be in process)
  - ALSFR = 0
- **Stock Transfers Under A30 PHL 3010(2)(c)**
  - Ambulance = 3 (2 completed, 1 pending court approvals)
- **Expansions of Operating Territory under A30 PHL 3008**
  - Ambulance = 5 (2 completed, 2 in process, 1 pending)
  - ALSFR = 0
- **Clarifications of Operating Territory per DOH #11-06**
  - Ambulance = 2
- **Emergency Expansion of Operating Territory under A30 PHL 3010(1)(c)**
  - None
- **BLSFR EMS Agency ID#'s Issued (or reinstated) by DOH:**
  - New # issued = 11 (11 new & 12 existing updated)
- **BLSFR EMS Agency ID#'s Deactivated/Archived (have ceased responding)**
  - Deactivated = 0
- **BLSFR EMS Agency ID#'s Updated/Renewed:**
  - Updates = 12

Other Items of General Interest and Information

- The Department's Wadsworth Labs, that handles BG waivers for ambulance services, has clarified that application fees may only be waived for applicants that are wholly volunteer. This means that services that have any paid personnel whatsoever, including providers, staff, supervisors or administration, even if only part time or per diem, are not eligible to have the application fee waived.
- The NYS Department of Motor Vehicles (DMV) has likewise advised the bureau that applicants for the DMV LENS notification program may have the application fee waived if wholly volunteer and recognized as a Certified EMS agency under Article 30 of Public Health Law. Contact NY DMV for other fees that may be waived for some services (*eg: annual ambulance vehicle registrations*).
- The Office of Health Insurance Programs (OHIP) is the Health Department's program that handles all Medicaid provider enrollments and Medicaid reimbursements (fees for services) for EMS eligible entities. OHIP recently confirmed its position that any municipality that charges fees for services must be itself an enrolled provider and bill under such identity. This is the case even if the municipality uses a 3rd party "operator" to run an ambulance service regardless if the contractor has its own enrolled provider ID. (*Please note that BEMSATS has no statutory authority over fees for services or billing matters so all Medicaid enrollment inquiries need to be directed to OHIP.*)
- Now that the topic of contracting for services has been mentioned, the Department would like to remind all certified services that are contracting for any 3rd party staffing, care providers or service operators that a copy of such contracts must be filed with BEMSATS. Note that financial information contained in such contracts may be redacted to protect proprietary information, however the remainder of the contractual agreement needs to be on record with the Department. If the contract is for personnel and care providers, appropriate DOH-2828 rosters identifying the personnel should be included. Services may contact their DOH Regional EMS Representatives for further information.

On the previous page some 33 CON actions for certified services and 23 BLSFR related actions are reported. As a matter of comparison, a look back to October 2010 your Systems Report identified 8 TOAs, 4 new or converting Municipally Declared authorities and the same number of appeals under consideration. By February of 2012 CON actions were becoming rather a brisk business with some 34 combined CONs being reported. Just 3 years ago the January 2015 report identified 26 CON related actions completed or in progress. So, for the data geeks, and just looking at these 3 snapshot views, here's the kinds of CON actions in descending order of popularity:

- Transfers of Authority (TOA)
- Municipal Declarations and Conversions (Muni's)
- Expansions of Operating Territory (EOT)
- Transfers of Stock or Member Shares (TOS)
- Establishing a New Authority (New CON)
- Clarifications of Territory (COT)
- Establishing a New State, Federal or Air Authority
- Emergency Expansion of Operating Territory (EEOT)

GENERAL OPERATING PROCEDURES

TRANSPORTATION PROCEDURES AND DECISIONS

Acute Stroke

If the historical/physical findings indicate an acute stroke, transport the patient to the closest appropriate Stroke Center as determined by Appendix R, unless:

- Patient is in cardiac arrest or has an unmanageable airway
- Patient has other medical conditions that warrant transport to the nearest appropriate New York City 911 system ambulance destination emergency department as per protocol.

If the patient has a LAMS+Speech score of ≤ 3, transport patient to the closest Primary Stroke Center (PSC).

If the patient has a LAMS+SPEECH score of ≥ 4, contact OLMC for Transport Decision to the closest Thrombectomy-Capable Stroke Center (TSC) / Comprehensive Stroke Center (CSC)*, unless Stroke Exclusion Criteria are met :

- Total time from onset of patient's symptoms to EMS patient contact is greater than 5 (five) hours
- Patient is wheelchair or bed-bound
- Seizure is cause of symptoms
- Loss of Consciousness (LOC)
- Trauma is cause of symptoms
- Transport time to TSC/CSC is > 30 minutes and not approved by Online Medical Control.

* See Appendix Q/H for list of TSC/CSC/PSC designated hospitals.

Protocol Appendices

Appendix R: Stroke Patient Assessment Triage and Transportation

1. LAMS+Speech Scale

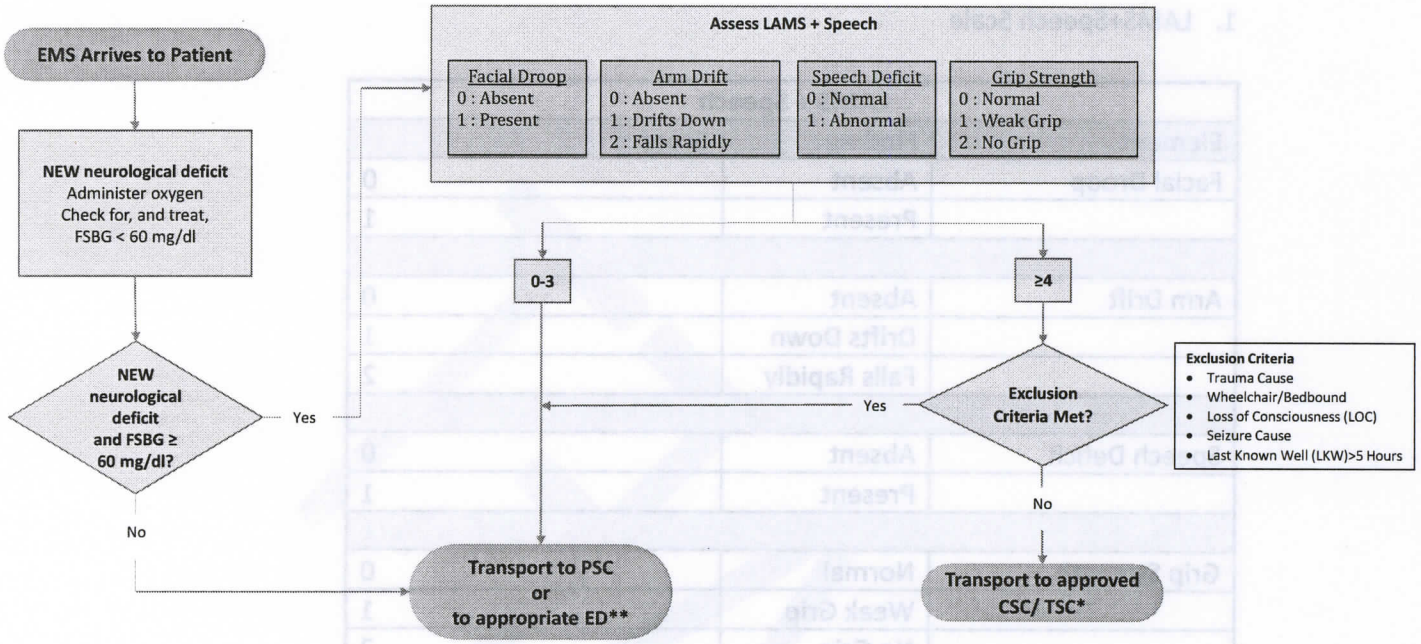
LAMS + Speech		
Element	**Finding**	**Score**
Facial Droop	Absent	0
	Present	1
Arm Drift	Absent	0
	Drifts Down	1
	Falls Rapidly	2
Speech Deficit	Absent	0
	Present	1
Grip Strength	Normal	0
	Weak Grip	1
	No Grip	2
Total Score		0 → 6

2. Stroke Exclusion Criteria for LAMS+Speech ≥ 4

If any of the criteria to the right are present on a patient with **LAMS+Speech score ≥ 4**, transport should be to the closest New York City 911 system ambulance Primary Stroke Center.	Total time from onset of patient's symptoms to EMS patient contact is greater than 5 (five) hours
	Patient is wheelchair or bed-bound
	Seizure is cause of symptoms
	Loss of Consciousness (LOC)
	Trauma is cause of symptoms
	Transport time to TSC/CSC is > 30 minutes and not approved by Online Medical Control.

3. Stroke Triage & Transportation Algorithm

NYC Stroke Triage Protocol



* Per OLMC direction if transport time ≤ 30 min
** e.g., trauma, treated hypoglycemia with resolved symptoms

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY

BASIC EMERGENCY MEDICAL TECHNICIAN PROTOCOLS

412: Suspected Stroke

1. Monitor the airway.
2. Administer oxygen.
3. Use Glucometer to measure blood glucose level.
   a. If ≥ 60 mg/dl, proceed to LAMS+Speech evaluation.
   b. If <60 mg/dl, treat hypoglycemia.
      - *Conscious & swallowing patient*: if the conscious patient can swallow, and can drink without assistance then provide a glucose solution, fruit juice, or non-diet soda by mouth.
      - *Conscious / not-swallowing patient: i*f the conscious patient cannot drink without assistance or tolerate oral glucose, call ALS for further treatment. Do not give oral solutions to patients who cannot swallow.
      - *Unconscious patient:* call ALS for further treatment. Do not give oral solutions.
   c. If neurologic deficits have resolved after treatment, transport patient to closest appropriate 911-receiving hospital.
   d. If neurologic deficits persist after treatment and FSBG ≥ 60 mg/dl, proceed to LAMS+Speech evaluation per Appendix R.
4. Document LAMS+Speech score in the prehospital care report.
5. Transport per Appendix R:
   a. If score is 0-3, transport to the closest NYC 911 system Primary Stroke Center (PSC).
   b. If score is 4 or greater, and the patient does not meet the specific Stroke Exclusion Criteria for this score, contact OLMC for Transport Decision to the closest NYC 911 system Thrombectomy-Capable Stroke Center (TSC) / Comprehensive Stroke Center (CSC).
6. Do **not** delay transport.

EMS WORKFORCE SURVEY
NYS EMS COUNCIL (SEMSCO)

MAY 2018

There are widespread reports that the career and volunteer EMS agencies in NYS are coping with a shortage of certified EMS responders.

This voluntary survey of NYS EMS Agencies is designed to gather data on the shortage of certified EMS providers and gauge its impact on agencies ability to serve their communities.

EMS agencies are asked to complete this survey on-line in SurveyMonkey using the following link:

https://www.surveymonkey.com/r/NYSEMSWorkforce

Survey responses will be aggregated into a report on the EMS workforce. Individual responses will not be released.

Questions about the survey can be directed to SEMSCO Member Steven Kroll at steven.kroll@delmarems.org.

Regional and County EMS leaders are asked to share this survey with all EMS agencies in their region/county and encourage agencies to complete the survey.

We thank you in advance for completing the survey.