

Nassau Regional Emergency Medical Services Council

Advisories

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Nassau Regional Emergency Medical Services



Advisory	Required Equipment	08-01
		Issued: 01/31/2008

This advisory is to clarify the equipment required on all ambulances in the Nassau Region that was effective January 1, 2008. The REMAC and REMSCo require that all ambulances have the following:

- **Glucometer** (ALS only) – Agencies are reminded that they must obtain a limited lab license from the NYS DOH **before** you can operate the glucometer. The REMAC has NOT established a training program or protocol for BLS personnel to utilize glucometers and Agency Medical Directors are not authorize to allow BLS personnel to use them.
- **Pulse Oximeter** ¹
- **Automated External Defibrillator (AED)** ²

¹ = The use of a manual defibrillator with pulse oximetry capability meets this requirement.

² = The use of a manual defibrillator which has the ability to be and is set in an AED mode for BLS use meets this requirement.

Agencies shall insure that BLS personnel are trained on how to use this equipment and to verify, before use, that a manual defibrillator is set in the “Automated” mode.

For the record – there is **NO** mandate or deadline for agencies to have 12-lead monitors at either the State or Regional level. However, the REMSCo has previously recommended that any agency contemplating upgrading or replacing their current equipment to seriously consider a move to a 12-lead model.

The State has declared that 12-lead equipment is the “Gold Standard” for pre-hospital emergency care and is currently developing standards for facility designation as S-T Elevation in Myocardial Infarction (STEMI) receiving facilities (similar to stroke receiving designation), this may result in a deadline by which all ALS agencies will be required to have 12-lead equipment.

If you have any questions, please feel free to contact the REMSCo office.

Scott Glazer
Chairman

Nassau Regional Emergency Medical Services



Advisory	Incident Rehab	08-02
		Issued: 3/17/2008

Rehab Recommendation Becomes Standard for ESS

[Excerpt from Emergency Management and Response Information Sharing and Analysis Center (EMR-ISAC), INFOGRAM 4-08, January 31, 2008]

The National Fire Protection Association (NFPA) 1584, *Standard on the Rehabilitation Process for Members during Emergency Operations and Training Exercises*, which has existed for four years as a recommendation, attained "Standard" status last month. Emergency Services Sector (ESS) organizations must begin implementing the standard this year.

Emergency operations rehabilitation protects personnel, the most critical of an organization's infrastructures, and functions as a resilience tool that enables responders to resume readiness status quickly and safely. To comply with Standard 1584, according to "FireRehab.com," each fire department must develop and implement Standard Operating Guidelines (SOGs) that outline how they provide rehabilitation at incidents and training exercises. Rehabilitation also must be integrated into the department's Incident Management System.

The following are nine key components of rehab required under NFPA 1584:

- Relief from climactic conditions;
- Rest and recovery;
- Cooling or re-warming;
- Re-hydration;
- Calorie and electrolyte replacement;
- **Medical monitoring; including Carbon Monoxide monitoring. ***
- **EMS treatment in accordance with local protocol;**
- Member accountability; and
- Release from rehab.

* NFPA 1584 establishes that "any firefighter exposed to CO or presenting with headache, nausea, shortness of breath or gastrointestinal symptoms" must be measured for CO poisoning by Pulse CO-Oximetry or other available methods.

An array of resources, including online training, case studies, clinical studies, and relevant links, are available at <http://www.firerehab.com>. To view the article, "Making Rehab a Requirement: NFPA 1584," click on <http://www.firerehab.com/Columnists/McEvoy/articles/327047>.

The Draft Report on Proposals (F2007), NFPA Standard 1584 can be examined at no charge at <http://www.nfpa.org/assets/files/PDF/ROP/1584-F2007-ROP.pdf>.

The U.S. Fire Administration's *Emergency Incident Rehabilitation* can be read and downloaded at http://www.usfa.dhs.gov/downloads/pdf/publications/fa_314.pdf.

Scott Glazer
Chairman

Nassau Regional Emergency Medical Services



Advisory	Rad-57 CO-Oximeter	08-03
		Issued: 03/25/2008

The Rad-57 is a pulse oximeter/CO-oximeter that non-invasively measures carbon monoxide in the bloodstream. This device was previously approved by the Nassau Regional Medical Advisory Committee (REMAC) and the Regional Council (REMSCO) for use in the Nassau Region.

Recently, the NFPA changed the Incident Rehab (NFPA 1584) recommendation to a standard. This standard calls for the monitoring of Carbon Monoxide in Emergency Responders at incident scenes. The Rad-57 monitor is an example of a non invasive device to meet this standard and the medical requirements of emergency responders.

Although several Nassau Fire/EMS agencies have purchased this device, others have indicated that the expense of the unit has precluded the purchase and accessibility to this technology. In an effort to assist the Fire/EMS agencies of Nassau County to obtain this device, the Nassau REMSCo has obtained preferential pricing for the agencies in our region. Please check the REMSCo website for details or contact our office for the pricing and purchase information.

We have also been offered assistance to obtain grant funding to assist agencies to purchase the Rad-57. If approved, the grant would fund 80% of the purchase price and those interested agencies would only pay the 20% difference, which would be approximately \$800.00.

This is an excellent opportunity to obtain this technology. If your agency would be interested in this opportunity, please contact our office or email us at jhassett@nassauems.org ASAP, no later than Friday March 28th.

**The Nassau REMSCo is not endorsing or recommending this product. All purchases would be through the manufacturer or their designees.*

Scott Glazer
Chairman

Nassau Regional Emergency Medical Services



Advisory	Hospital ED's	09-01
		Issued: 3/04/2009

On Saturday February 14, 2009, the Emergency Departments of Mary Immaculate Hospital and St. John's Hospital (Queens Boulevard) in Queens were permanently closed to all new patients. These closures will affect the destination determinations in Queens County and will potentially affect the Emergency Departments in Nassau County, especially those in Western Nassau County. We anticipate NYC based agencies to increase their transports to Nassau County Emergency Departments.

Medical Control should be contacted if you need to obtain the ED status for facilities in your transport area.

Please feel free to contact us if you have any questions or concerns.

Steven Lenkofsky
Chairman

Nassau Regional Emergency Medical Services



Advisory	Advanced Life Support Credentialing	09-02
		Issued: 3/04/2009

The regional advanced life support (ALS) credentialing program is now being administered by the Nassau REMSCo Office. Previously, the Nassau County Department of Health administered the program for the Nassau REMSCo, but recent budget cuts within the Nassau County Department of Health ended this administrative support.

Please be patient as the program has transitioned to the Council Office and our staff is being familiarized with the logistics of the program.

Although the current credentialing/ETI program components will remain the same at this time, we will be initiating a program to notify ALS providers of expirations and updates via email, department notifications and phone contacts. Please provide the council office with current contact information when requested.

In the near future, we anticipate adding the procedures and required forms for credentialing new ALS providers in our region and recertification of existing ALS providers to the REMSCo website at www.nassauems.org.

Please contact the REMSCo office for additional information.

Steven Lenkofsky
Chairman

Nassau Regional Emergency Medical Services



Advisory	Swine Flu Alert	09-04.1
		Issued: 04/27/2009

General Information

1. In response to confirmed cases of swine influenza in Mexico and the United States, with current other probable causes being investigated, all Emergency personnel should be vigilant when responding to calls for patients with Flu like symptoms including fever, cough, sore throat, body aches, headaches, chills, & fatigue.
2. Swine flu is a respiratory infection caused by Type A- influenza viruses that regularly cause outbreaks of influenza in pigs. Like seasonal flu, swine flu may cause a worsening of underlying chronic medical conditions.
3. Remember we are still operating within the normal seasonal flu period and both have similar symptoms.

Agency Officers & Administrators

1. Raise awareness of all members & staff
2. Monitor the websites www.nassauems.org and <http://www.health.state.ny.us/diseases/communicable/influenza/seasonal/swineflu/index.htm> for the latest information.
3. Assure that appropriate respiratory protection (surgical & n95 masks) & cleaning supplies are available on all vehicles & to all patient care providers.
4. Departments are urged to contact their normal vendors to procure additional supplies ASAP.

Responding Emergency Personnel Procedures

1. Be vigilant when responding to aided calls where the dispatch information denotes flu like symptoms i.e.; fever, cough, sore throat, body aches, headaches, chills, & fatigue. Or any call that the patient presents with fever & cough.
2. Employ universal infectious disease precautions including gloves, surgical mask or N95 mask (if available), & gowns prior to entering the call location and/or making contact with patient & occupants where flu like symptoms are present and confirmed.
3. Give patient a surgical mask or N95 mask to reduce spread of infectious materials from coughing and/or sneezing. When responding to calls of this nature, EMS personnel should be limited to those absolutely necessary in the proximity of the patient's location or residence.
4. Patient assessment & treatment shall be initiated according to Nassau Regional EMS Protocols. If indicated, administer high concentration of Oxygen via NRB in place of surgical mask or N95 mask.
5. Patient interview & history should include inquiry of any recent travel to Mexico or contact with any person that has recently traveled to Mexico or had contact with some one who attends St Francis Preparatory School in Fresh Meadows, Queens, NY. This information should be passed on to receiving hospital triage agent.
6. Alert hospital via medical control of possible infectious patient, when arriving at receiving hospital hold suspected infectious patient in ambulance until destination within hospital is determined.
7. All personnel shall wash hands thoroughly with soap, & water following any patient contact.
8. Perform normal decontamination of entire ambulance & equipment utilizing 10% bleach solution or commercial equivalent following transport of patient with suspected flu like symptoms.
9. If you become ill **STAY HOME** & seek medical attention.

Nassau Regional Emergency Medical Services



Advisory	Swine Flu Alert	09-04.2
		Issued: 04/29/2009

The human swine flu outbreak continues to grow in the United States and internationally. It is a rapidly evolving situation and the following guidance is provided for the use of respiratory protection

Per the CDC (*Centers for Disease Control, Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting April 28, 2009 02:45 PM ET*):

- Pending clarification of transmission patterns for this virus, personnel providing direct patient care for suspected or confirmed swine influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator when in proximity of the patient.
- Personnel engaged in aerosol generating activities (e.g., endotracheal intubation, nebulizer treatment, and resuscitation involving cardiac pulmonary resuscitation) for suspected or confirmed swine influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator.
- Standard, Droplet and Contact precautions should be used for all patient care activities, and maintained for 7 days after illness onset or until symptoms have resolved. Maintain adherence to hand hygiene by washing with soap and water or using hand sanitizer immediately after removing gloves and other equipment and after any contact with respiratory secretions.

Additionally, the Nassau REMAC advises;

- Patients suspected of having flu-like symptoms will be given surgical masks to reduce the spread of infectious materials from coughing and/or sneezing.
- If **indicated**, administer high concentration of Oxygen via NRB. Due to the fact that the exhaled air is unfiltered, place a surgical mask over the NRB or acquire and utilize filtered oxygen mask.
- Prior to transporting a patient with an infectious respiratory symptom, the door between the driver and the patient compartment should be closed. If the vehicle does not have a barrier between the cab and the patient compartment, the driver and front seat passenger should, if so directed, wear a surgical mask or higher.

NOTE: *If the patient refuses to wear a surgical mask, document the refusal on the PCR.*

Medical Control should be requested to notify the destination hospital that you are enroute with a suspected flu patient. At the conclusion of the call Medical Control should be call (572-6277) and advised of the town location of pickup, age, gender, and destination.

When arriving at the Emergency Department with a patient with suspected swine flu symptoms - a crew member should enter the ED and advise the charge nurse or other representative of the case to determine if they wish to triage the patient in the ambulance and/or move the patient to a specific location within the ED.