

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	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	Nassau University Medical Center ED	11-01
		Issued: 6/06/2011

The Nassau University Medical Center has officially opened its new Emergency Department. The new Emergency Department is located on the main level above the old Emergency Department in the area of the old cafeteria.

- The new ambulance entrance is accessed via a new roadway which forks to the left and is slightly south of the old ED/Helipad roadway. There is ambulance parking at the new ED entrance.
- Currently there is no change in access or security.
- Non-Emergency transports, i.e.; discharges, clinic transports, private movements should use the old ambulance entrance on the lower level. There is a new elevator that connects the old ED and the new ED that can be utilized.
- The lower level entrance/elevator can be utilized if the new entrance/roadway cannot be accessed, is full or during an MCI.
- The new ED main phone number is **516-296-2100**.
- There is an external shower at the ED Entrance Doors in the event of a hazmat or contaminated patient and decon is necessary.

Please feel free to contact the REMSCo office if you have any questions regarding the NUMC Emergency Department.

Scott Glazer
Chairman
Nassau Regional EMS Council

Nassau Regional Emergency Medical Services



Advisory	Fire Service Academy and Mutual Aid EMS Coverage	11-02
		Issued: 6/06/2011

The Nassau Regional EMS Council has approved the Plainview Fire Department's letter of agreement in regards to EMS Coverage during training evolutions at the Nassau County Fire Service Academy.

Agencies participating in training at the Fire Service Academy are encouraged to bring and utilize their agency EMS assets during these evolutions. The participation of agency EMS assets will allow for training and coordination of NFPA required incident rehabilitation (*refer to Nassau REMSCo Advisory 08-02 for further information*), integration of EMS and Fire resources in an actual incident setting under ICS and provide prehospital care and transport in the event of an injury or illness.

This letter of agreement allows agencies participating at the Fire Service Academy to operate under a mutual aid request to the Plainview Fire Department and complies with the requirements for mutual aid and operations outside of an agency's designated operating area as stated in the New York State Public Health Law, Article 30.

Please contact the REMSCo office for any questions or additional information.

Scott Glazer
Chairman
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Nassau Regional Emergency Medical Services



Advisory	Medical Control Communications	11-09.1
		Issued: 09/14/2011

Effective December 31 2012 the FCC is mandating that all narrow banding of radio frequencies be completed. This narrow banding mandate has a direct effect on most public safety frequencies in use in Nassau County. The current Medical Control frequencies that are being used in Nassau are outdated and the narrow banding initiative would cost the County over a million dollars to complete for radio communications that are sub par. It would also force most provider agencies to have to purchase new radios.

For these reasons it has been decided that the current Medical Control frequencies are targeted to be replaced on December 01, 2012 with the new 500 MHz public safety radios currently in use by NCPD. The 500 MHz radios were designed from the ground up to provide Nassau County first responders with a comprehensive radio solution for all police, fire and EMS communications. This migration will not be done without a cost, but it is necessary to provide quality Medical Control communications well into our future.

Attached are package options for the EMS agencies to consider for this transition. The packages run from a low cost cellular phone option (AT&T, T-Mobile and Nextel only) to a higher cost multiple radio solution. The radios will be available at discounted pricing due to bulk purchase agreements with Nassau County PD and will be approximately \$3500.00 per device.

The migration of these frequencies will also have an effect on telemetry transmissions to Medical Control which are currently done using the radio. Medical Control has started using a Care Point station to receive 12 lead EKGs and this is done using a Rosetta LT box connected to a cellular phone or the Rosetta DS software using a computer based ePCR solution. After the migration to the 500 MHz radios, single lead EKGs will no longer be able to be sent using the radio. The Rosetta LT box cost is approximately \$900.00 per unit. The Rosetta DS software is about \$350.00 to purchase with an annual fee of <\$40.00 / year. The use of a Rosetta product will be necessary for all provider agencies to continue the transmission of telemetry data. The Rosetta products are available through General Devices (<http://www.general-devices.com>) and the point of contact is Curt Bashford (201-313-7075).

If your agency is using an ePCR solution your telemetry data can be transmitted using the Rosetta DS software. This will eliminate the cost of purchasing a Rosetta LT device. At this time there are 4 ePCR solutions being used in Nassau County, Rescue Medic, Sansio, EMS Charts and Red Alert. For more information regarding switching to an ePCR solution please contact Frank Chester at 516-313-2768.

The Nassau Regional EMS Council is dedicated to assist all agencies with making this a smooth transition. Please remember that this is a FCC mandate and the deadline of December 31, 2012 is a concrete date. Please contact your agencies radio vendor to see what additional impacts narrow banding will have on your radios. Medical Control is only one part of the impact this federal mandate will have on our local radio systems.

The NCPD will be applying for a grant to help offset these costs on behalf of the provider agencies. We suggest you budget for these devices in case the grant is not awarded by FEMA.



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Medical Control Communication Options

Voice Contact:

- Cellular: This option would include making all medical control voice contacts using a cellular device and would only require a separate cellular/Rosetta device to transmit telemetry. This option has some limitations including the inability to communicate with other units at an MCI. Approximate cost per unit: cost of cellular phone & plan
- Single Radio: Mobile: This option would allow for radio communications with medical control and you would require a separate cellular/Rosetta device to transmit telemetry. Limitations of this option include using your ambulance as medical command when coordinating an MCI. Approximate cost per unit: \$4,400.00 + cost of cellular phone & plan

12L Telemetry:

- Cellular-Voice: This option would allow both voice and telemetry communications with medical control using a Rosetta-Lt device along with your cellular phone. No cellular data plan is required. There is a limitation for telemetry requiring a GSM/iDEN carrier (AT&T, Nextel and T-Mobile) phones. Approximate cost per unit: \$900.00 + cost of cellular phone & plan
- Cellular-Data: This option would allow telemetry communications with medical control using Rosetta-DS software along with your mobile computer and cellular data. If your agency is using tablet/laptop/Toughbook your telemetry data can be transmitted using the Rosetta-DS software through the tablet or computer directly via cellular data air card or hotspot. For Physio monitors, the Rosetta-Lt device is also required. This requires cellular data plan; *Contact General Devices for more information.*
- Cellular-Data Forwarding: This option would allow 12L telemetry communications with medical control using monitor companies transmission forwarding solution. In this case the proprietary monitor solution would forward by email/fax to medical control. This requires additional software & subscriptions as well as cellular data service. *Contact your monitor provider for more information.*

Nassau Regional Emergency Medical Services



Advisory	Patient Decontamination	11-09.2
		Issued: 9/19/2011

All agencies are reminded that patients that are contaminated with any hazardous substance (gasoline, chemicals, etc.) must be decontaminated, as best as possible, before they are brought into a hospital Emergency Department. At a minimum, all contaminated clothing must be removed and bagged

An ambulance crew member should alert the ED staff and ascertain where the hospital's decontamination area is and have the patient brought there.

It should be noted that rushing a contaminated patient into the ED will not insure prompt treatment for the patient, in fact just the opposite is true and may result in the evacuation of all patients and staff and necessitate the closing and decontamination of the ED.

Scott Glazer
Chairman
Nassau Regional EMS Council