

## RECENTLY ISSUED POLICY STATEMENTS

13-06 INSTRUCTOR CERTIFICATION issued 9/5/13: Defines the New York State (NYS) Department of Health (DOH) Bureau of EMS requirements for entry, certification, processing and recertification for positions as Certified Lab Instructor (CLI) and Certified Instructor Coordinator (CIC). A Certified Laboratory Instructor means a person certified pursuant to regulations to instruct, in psychomotor skills, candidates in courses leading to certification as an emergency medical technician or certified first responder. A Certified Instructor Coordinator means a person certified pursuant to regulations to serve as the lead instructor for courses leading to certification.

13-07 CONTROLLED SUBSTANCE LICENSE REQUIREMENTS FOR EMT-CC/P AGENCIES issued 10/16/13: At the January, 2013 meeting, the State Emergency Medical Advisory Committee (SEMAMC) defined that controlled substance medications are a standard of emergency medical care and a necessary part of prehospital patient care in New York State. The SEMAMC passed a resolution requiring that ALL advanced life support

(Paramedic and/or EMT- Critical Care) ambulance and ALS-first response services (EMS agencies) be licensed to possess and administer controlled substance (CS) medications per regional protocol. While it is recognized that this will be an added responsibility for many agencies, the ability to administer CS medication to patients is necessary and proper. After a thorough fiscal and system impact study was completed and reviewed, the State EMS Council (SEMSCO) supported the requirement at their October 2013 meeting. The affected ALS EMS agencies, must apply for and be granted the prehospital 03C controlled substance license before May 1, 2015. As of the Policy Statement's issue date, this new requirement appears to affect approximately 290 ALS level EMS agencies across the state, 234 of which are EMT-P providers. The SEMSCO Impact Assessment indicates that as many as 47% of the services are in the process of making application to the Department. Those ALS services that do not comply will be downgraded to the BLS level.

Required prehospital controlled substance medications include morphine, regionally endorsed benzodiazepines such as diazepam (Valium®), midazolam (Versed®) and other medications and, with Department approval, fentanyl and ketamine. While there is not disagreement that that controlled substances are a benefit to patients, the edict is not going over well in some regions and there is chatter about a potential NYS

Senate/Assembly bill to override the NYS DOH. Concerns include the cost of acquiring, maintaining and securing the medications for agencies that do a low volume of calls where the drugs would be used as well as concerns from Medical Directors about the added serious and detailed oversight responsibilities. The NYS DOH is insistent about each ALS agency being licensed and carrying the substances and turned down at least one suggestion involving a central agency carrying the drugs and responding on a mutual aid basis to calls in an area.

13-08 EMS RESPONSE PLANNING TO A SUSPECTED BIOLOGICAL/INFECTIOUS DISEASE

INCIDENT issued 11/6/13: Policy was developed to assist EMS providers and agencies in adopting policies and procedures that will address all-hazards awareness to incidents that include acts of terrorism involving Weapons of Mass Destruction (WMD) specifically chemical & biological agents, radiological, nuclear and explosive (CBRNE) incidents. The intention is for responders to have a keen understanding on how to recognize the unfamiliar risks they may encounter at the scene of a CBRNE event.

13-09 CLOSURE PLANNING FOR EMS AGENCIES issued 11/25/13: There are a number of situations that cause an EMS agency to consider closing its operation and transferring or surrendering its Operating Certificate. This policy is intended to provide guidance information, an outline for a written Closure Plan and detail the procedures an EMS agency should follow to stop providing EMS response, to surrender or transfer the EMS Operating Certificate and close the business.

#### 13-10 INTRANASAL NALOXONE (NARCAN®) FOR BASIC LIFE SUPPORT EMS AGENCIES

issued 12/10/13: The administration of intranasal naloxone has been approved as part of the scope of practice for certified Basic Life Support EMS providers in NYS. EMS agencies intending to participate in the intranasal naloxone program, must:

Notify the local REMAC in writing

Utilize an intranasal naloxone kit

Develop written policies and procedures for the intranasal naloxone program that are consistent with state and local protocols.

Perform quality assurance evaluations on each administration for the initial six (6) months of the program, or longer at the request of the medical director.

Provide data to the REMAC upon request.



The “intranasal naloxone kit” specified in the Policy Statement consists of: Two (2)- naloxone hydrochloride pre-filled Luer-Lock (needleless) syringes containing 2mg/2ml, Two (2)- mucosal atomization devices (MAD): and One (1)- container for security/storage. EMS suppliers have given estimates of about \$49 for the supplies. The contents should fit nicely into a Pelican 1020 waterproof/crushproof micro case with speed lock that goes for about \$20 plus about \$6 with an optional foam insert. In addition to incorporating nasal Narcan into BLS protocols, the current but little known “Friends and Family” intranasal Narcan program for laypersons will be developed into a “Public Access Narcan” program similar to the AED and Epi Auto-injector programs. Some of these programs currently use injectable Narcan. NOTE: Per Mike McEvoy, nationally famed EMS raconteur, expect new or revised NYS DOH Bureau of EMS Policy Statements to be issued on: Basic Life Support First Responder agency requirements EMS Operating Certificate Application Process (CON) Severe Weather