

# North Country EMS Program Agency

## "Serving Jefferson, Lewis & St. Lawrence Counties"

www.ncemsprogramagency.org

#### Regional Update November 29, 2016

- CME's are due by December 31<sup>st</sup>!
- CME managers need to have CME's put in the online system by day end December 31st.
- CME Program Changes for 2017
  - <u>CME Evaluators</u> will need to reapply, beginning January 2017, to maintain their status as a CME Evaluator in the region.
  - All AEMT, Critical Care, and Paramedic Providers will be required to attend a Regional Skills session for skills endorsement between January 1<sup>st</sup> and June 30<sup>th</sup>, 2017
- New ALS protocols—will not be implemented on the 1<sup>st</sup> of the year, we are currently waiting on apps for IOS and Android to be complete, it is projected it will be spring before the training and apps are ready to go. In the meantime, please review the draft that is posted on our website and feel free to submit questions to <a href="mailto:asmith@fdrhpo.org">asmith@fdrhpo.org</a>. This will help guide our education program. <a href="http://www.ncemsprogramagency.org/resources/protocols-policy-statements.html">http://www.ncemsprogramagency.org/resources/protocols-policy-statements.html</a>
- <u>Paramedic Agencies</u>- If your dopamine is expiring 12/16, you may replace with Norepinephrine if **all Paramedics** in agency complete the following. Norepinephrine will replace Dopamine in the new protocols. This is optional and you can replace your dopamine until the protocols are implemented or change to Norepinephrine.
  - Power Point on Norepinephrine will be available at <a href="http://www.ncemsprogramagency.org/education-and-training/cme.html">http://www.ncemsprogramagency.org/education-and-training/cme.html</a>
  - Complete quiz on Norepinephrine (quiz will be available on the online CME website under tests). One (1) hour ALS CME has been approved for this.
    - North Country Paramedic Norepinephrine Quiz (Will be available online by 12/9/16)
  - Notify Program Agency and your medical director in writing that you are switching to
     Norepinephrine prior to new protocol release
- Gouverneur Hospital is now medical control
- Medical Control numbers have been updated as many in the current app are incorrect. I have attached a new list as a PDF if this was emailed and these will be included in the new app, but in the meantime you may want to place a printout in clipboard or post in ambulance (the current app will not be updated). You can also find the list on our website at <a href="http://www.ncemsprogramagency.org/resources.html">http://www.ncemsprogramagency.org/resources.html</a> under the forms and resources link.
- Who can provide medical control? This is a common question that we receive. Physicians, Physician Assistants, and Nurse Practitioners can provide medical control.
- <u>New EMT's</u>- With classes ending, a reminder that new providers or providers that are changing level of care cannot practice until they physically have NYS EMT Card in hand or their onsite test results. Additionally, AEMT's, Critical Care, and Paramedics must take the appropriate protocol test for their new level of care. If they are a new advanced provider, they must register on the online CME system.



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- Agency provider changes- If a provider is new to your agency, changed their level of care or has
  left your agency, contact the program agency to update the online CME system (please provide
  a copy of their card to the program agency by scanning and emailing or faxing if they are new or
  changing level of care)
- <u>ECG Transmission</u>- All ALS agencies should be working toward the capability to transmit ECG's. FDRHPO is currently programming the remaining Microsoft Surface Pro's and hope to deliver them by years' end (or shortly thereafter).
  - Remember, that transmission of ECG to the hospital is not limited to just STEMI patients.
- Minimum equipment list for ALS agencies- We are currently working on updating the minimum equipment lists to align with the new protocols. We are very conscientious of financial implications for the agencies and are trying to reduce quantities where we can. If you have a question regarding any items that need to be purchased or will no longer be needed, please contact the program agency before ordering, if the following information does not answer your question.
- This is a summary of anticipated changes, please review the new proposed minimum
   equipment lists and provide feedback to asmith@fdrhpo.org. ALS proposed minimum
   equipment list and draft protocols are available on our website under protocols and policy
   statements link at <a href="http://www.ncemsprogramagency.org/resources/protocols-policy-statements.html">http://www.ncemsprogramagency.org/resources/protocols-policy-statements.html</a>.

#### THIS LIST IS SUBJECT TO CHANGE and Is not in effect yet!

#### o **AEMT Agencies**

 Dust off the intubation kit as that is coming back, the second kit on ambulance will be made optional- it is recommended that you always carry spare bulbs and batteries though.

#### Critical Care Agencies

- Second Intubation kit will be made optional
- Norepinephrine will be added
- Dexamethasone will replace Solu-Medrol
- Nitro Paste will no longer be carried
- 100 mL Normal Saline 0.9% will replace 50 mL Normal Saline Bags
- Tetracaine 0.5% with Morgan lenses will be optional
- Dextrose 10% will replace D50
- Option to carry "DuoNeb"
- Cyanokit will be optional
- Ketoralac will be optional
- Ondansetron ODT will be optional
- Dexamethasone PO will be optional
- Narcotics are required (Versed and Morphine)
- Ketamine and Fentanyl will be optional
- Lidocaine premix will no longer be needed



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#### Paramedic Agencies

- Second intubation kit will be made optional
- Quick Trachs will only be required for agencies who are moving forward with RSI credentialing (this may change; it is being discussed)
- RSI Medications, if you are planning on and supporting your paramedics to become RSI credentialed
- Dexamethasone will replace Solu-Medrol
- Norepinephrine will replace dopamine
- Nitro Paste will no longer be carried
- 100 mL Normal Saline 0.9% will replace 50 mL Normal Saline Bags
- Tetracaine 0.5% with Morgan lenses will be optional
- Dextrose 10% will replace D50
- Option to carry "DuoNeb"
- Cyanokit will be optional
- Ketoralac will be optional
- Iodine Tincture will be optional
- Ondansetron ODT will be optional
- Dexamethasone PO will be optional
- Narcotics are required (Versed and Morphine)
- Ketamine and Fentanyl will be optional
- Lidocaine Premix will no longer be needed

If you have any questions, please feel free to contact me at the numbers below.

Respectfully,

Ann Smith, Director

FDRHPO North Country EMS Program Agency

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