NYC REMAC

Advisory No.	2020-01		
Title:	2019 Novel Coronavirus (2019-nCoV), Wuhan, China		
Issue Date:	January 31, 2020		
Effective Date:	Immediate		
Supersedes:	n/a	Page:	1 of 6

This advisory was created to share information received from the Centers for Disease Control (CDC), US Department of Homeland Security (DHS), NYS DOH BEMSATS and NYC Department of Health & Mental Hygiene regarding the emergence of **2019 Novel Coronavirus (2019-nCoV**). This communicable respiratory illness originated in Wuhan, China, and has traveled to other countries, including the United States.

For confirmed 2019-nCoV infections, reported illnesses have ranged from people being mildly sick to people being severely ill and dying. Symptoms can include fever, cough, and shortness of breath. ***CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure. EMS providers should institute Standard/Contact/Airborne Precautions – double gloves, eye protection (goggles or face shield) and N95 respirator. Patients with suspected 2019-nCoV should be masked (surgical mask) and the receiving facility notified prior to arrival so that appropriate infection prevention and control precautions can be implemented.***

Informational Resources:

- Office of Medical Affairs Directive 2020-03: Chinese Coronavirus Outbreak (Update) (attached)
- NYS DOH BEMSATS Policy No. 20 – 02, January, 2020, Re: 2019-nCoV "Wuhan Coronavirus" (v2.0) (attached)
- https://www.cdc.gov/coronavirus/2019-nCoV/summary.html
- https://emergency.cdc.gov/han/han00426.asp
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- https://www1.nyc.gov/site/doh/health/health-topics/coronavirus.page

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

CFR-D Manual, Chapter 6
OFFICE OF MEDICAL AFFAIRS DIRECTIVE 2020-03
January, 29, 2020

CHINESE CORONAVIRUS OUTBREAK (UPDATE)

1. GENERAL INFORMATION

1.1 The World Health Organization (WHO) alerted healthcare providers that there is a coronavirus outbreak in China which began the end of December, 2019. The incubation period is suspected to be anywhere from two to 14 days.

1.2 To date, thousands of cases have been identified with over 100 deaths reported, with predictions that there will be far more cases. All patients presented with fever or respiratory symptoms and ultimately were diagnosed with pneumonia. All initial cases were deemed to have contact with a seafood market in Wuhan China which also traded other livestock. Since then, WHO has reported that person-to-person transmission, although low, has been confirmed.

1.3 Several confirmed cases have been reported outside of China, including in the United States.

1.4 Based upon these cases of migration of the virus outside of Chinese borders, CDC has been screening passengers traveling into the United States through multiple airports.

1.5 Coronaviruses are a large family of viruses usually found in animals but can cause human illness ranging from a strain that causes the common cold to the more serious strain currently identified (2019-nCoV).

2. SCOPE

2.1 This directive applies to all FDNY EMS providers (CFRs, EMTs, paramedics, and Officers), and Voluntary Hospital ambulance personnel who provide prehospital emergency medical treatment in the New York City 911 System.

3. PROCEDURE

3.1 AIRPORT

3.1.1 CDC is screening passengers who arrive at JFK airport from China. Those without symptoms are provided an information card to contact **CDC/NYC DOH** if they develop fever or respiratory symptoms at a later time.

3.1.2 For those passengers identified with fever and symptoms at the time of screening, an EMS response for transport will be requested.

3.1.3 Members responding to such incidents shall follow all respiratory protection precautions including donning a gown, eye protection, gloves, and an N95 mask.

3.1.4 A surgical mask may be placed on the patient to minimize spread of infection while constantly monitoring the patient's airway and breathing.

3.1.5 Most patients will be transported to the closest appropriate 911-receiving emergency department with isolation capability.

3.1.6 For any patient suspected of having the coronavirus as identified by the CDC, OLMC **MUST** be contacted for guidance of the most appropriate 911-receiving emergency department with isolation and laboratory testing capabilities.

3.1.7 If multiple patients are identified, all MCI policy and procedures will be implemented.

3.1.8 If a patient refuses to be transported, then CDC will issue a Federal Order mandating transport.

3.2 COMMUNITY

3.2.1 With concerns that the 2019-nCoV strain may be identified in the community, FDNY will implement the Fever Cough (FC) call type. If EMD identifies a patient calling 911 as a potential 2019-nCoV patient complaining of Fever **OR** cough **AND** travel to China in the past 14 days or contact with an ill person who has traveled from China in the last 14 days, then FC will be added to the call type to advise responding personnel to don respiratory protection precautions as specified above.

Note: *PAPR Level HazTac PPE is **NOT** required.*

Note: *In all suspected cases of 2019-nCoV, OLMC must be contacted for guidance of the most appropriate 911 receiving emergency department with isolation and laboratory testing capabilities.*

3.3 All routine decontamination procedures shall be followed. Frequent hand washing is also recommended. Providers should avoid touching eyes, nose, and mouth with unwashed hands.

BY ORDER OF THE FIRE COMMISSIONER, CHIEF OF EMS AND THE OFFICE OF MEDICAL AFFAIRS

	NEW YORK STATE Department of Health **Bureau of Emergency Medical Services And Trauma Systems** **POLICY STATEMENT**	**No. 20 - 02** **Date: January, 2020** **Re: 2019-nCoV "Wuhan Coronavirus" (v2.0)** **Page 1 of 3**

NOTICE: THIS IS A RAPIDLY EVOLVING SITUATION.
PLEASE CHECK BACK DAILY FOR ANY UPDATES TO THIS POLICY.
VERSION 2.0 UPDATED 01.30.2020

Purpose:

This document is designed to provide Emergency Medical Services (EMS) practitioners, agencies and systems with interim guidance regarding the outbreak of 2019 Novel Coronavirus (2019-nCoV) that began in Wuhan City, Hubei Province, China on December 2019.

This guidance should be considered for the development of response plans and is not intended to supersede any infectious disease response plan that has been developed and approved by local, State or Federal authorities legally charged to do so. This guidance does not constitute a response protocol but serves as a reference for general considerations and the protection of responders.

EMS agencies are encouraged to adopt policies and procedures regarding response and treatment of all patients with communicable diseases. EMS agencies should assure that all personnel are provided with information regarding the outbreak of 2019-nCoV and any necessary personal protective equipment (PPE), such as N95 respirators, including guidelines for the use of such PPE.

For updates and additional information regarding this 2019-nCoV outbreak, please visit the following web pages:

- Centers for Disease Control and Prevention (CDC), 2019 Novel Coronavirus, Wuhan, China at: https://www.cdc.gov/coronavirus/2019-ncov/index.html
- World Health Organization: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

For questions regarding information in this advisory or information you've received about this outbreak from other sources, please contact the Bureau of Emergency Medical Services and Trauma Systems.

Epidemiology:

This is a rapidly evolving situation. EMS practitioners, agencies and systems should visit the CDC website for the most up to date information at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html.

Assessment & Screening:

The CDC clinical criteria for a 2019-nCoV Patient Under Investigation (PUI) have been developed based on what is known about the MERS-CoV and the SARS-CoV and are subject to change as additional information becomes available. EMS practitioners, agencies and systems should visit the

CDC website for the most up to date screening guidance at https://www.cdc.gov/coronavirus/novel-coronavirus-2019/clinical-criteria.html.

Infection Control:

To expedite public health containment strategies, EMS providers should implement appropriate infection control measures, including airborne precautions when 2019-nCoV is suspected.

- EMS providers should institute Standard, Contact, Airborne Precautions, and eye protection including the use of an N95 respirator and goggles or face shield.
- 2019-nCoV PUIs should don a surgical mask and, when transporting a patient through the hospital or other common areas, the patient should remain masked. Transport through the hospital should be minimized.
- The receiving facility must be notified prior to arrival so that appropriate infection prevention and control precautions can be implemented, as the preferred placement for patients being evaluated for 2019-nCoV is in an airborne infection isolation room (AIIR).

Personal Protective Equipment (PPE):

PPE carried by EMS agencies shall be utilized to provide protection from a patient suspected to have 2019-nCoV. EMS practitioners should use PPE appropriately, and for all interactions involving contact with the patient or the patient's environment. EMS practitioners should don PPE prior to patient contact and properly discard PPE immediately after patient contact to contain pathogens.

In addition to these considerations, EMS providers are required to follow their local infectious disease emergency response plan. The following PPE is recommended for use by EMS when treating a patient with suspected 2019-nCoV infection:

- Standard Precautions;
- Contact Precautions, including gown and gloves;
- Eye protection (goggles or face shield);
- Disposable NIOSH-approved, fit-tested N95 respirator;
    - EMS agencies may use PAPRs with full hood and high efficiency particulate air (HEPA) filter for Airborne Precautions for employees that cannot safely fit test on N95 respirators due to facial hair, facial structure, etc.
- Provide a surgical mask (N95 is not recommended) for all suspected 2019-nCoV patients;
    - Patients who are intubated should be ventilated with a bag-valve device or ventilator equipped with a HEPA filter on exhalation port
- Provide tissues to patients for secretion control and encourage patient hand hygiene and cough etiquette practices.

Additional guidance: CDC Guidance for NYS EMS providers regarding 2019-nCoV "Wuhan Coronavirus" (https://www.cdc.gov/coronavirus/2019-ncov/index.html)

Transport Considerations:

- Standard transportation to appropriate hospital receiving facility.
- It is recommended to have the patient compartment exhaust vent on high and to isolate the driver compartment from the patient compartment. It is also recommended to have the driver compartment ventilation fan set to high without recirculation.
- If driver/pilot compartment is not isolated from the patient compartment, the vehicle operator should don a NIOSH-approved, fit-tested N95 respirator or a PAPR.
- The receiving facility must be notified prior to arrival so that appropriate infection prevention and control precautions can be implemented.

- When providing hospital notification, please indicate if any family or support persons are accompanying the patient, as they too may need to be isolated. EMS agencies should have a plan for family members wishing to accompany the patient that prevents crew exposures.

EMS personnel must notify the receiving hospital before arrival if they are transporting a patient with suspected 2019-nCoV, to their facility.

Agency officers should speak with hospital personnel in advance to discuss what procedures are in place for accepting such patients. Hospitals may request EMS personnel deliver such patient(s) through a separate secure entrance.

A hospital may not refuse patients with suspected coronavirus infection unless a municipal response plan designed to do so has been activated.

Decontamination Considerations:

At this time, routine disinfection procedures for rooms, equipment and ambulances are recommended. Any waste generated is not considered Category A waste. Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient according to the equipment and disinfectant manufacturers' instructions for use.

- Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients. Don clean PPE to handle the patient at the transport location.
- Any visibly soiled surface must first be decontaminated using an Environmental Protection Agency (EPA)-registered hospital disinfectant according to directions on the label.
- Disinfect all potentially contaminated/high touch surfaces including the stretcher with an EPA-registered hospital disinfectant according to directions on the label. More information about disinfectants can be found on CDC's infection control web page: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html.
- Medical equipment (stethoscope, blood pressure (BP) cuff, etc.) making patient contact should be disposable or cleaned and disinfected before use on another patient according to the equipment and disinfectant manufacturers' instructions for use.
- It is not known how long 2019-nCoV remains infectious in the air. Therefore, the current recommendation is to use a time period consistent with airborne pathogens such as measles or tuberculosis. This means that the ambulance used to transport a patient with suspected 2019-nCoV infection should not be used for a period of two (2) hours after the patient exits the vehicle. Additional factors may be considered in the development of decontamination policies and procedures to reduce vehicle downtime. EMS agencies are encouraged to consult with the ambulance manufacturer to determine the vehicle's passenger compartment air changes per hour (ACH) for 99.9% removal of airborne contaminants to establish a safe time period for reintroduction of the vehicle less than the 2-hour recommendation.[1]

  If an EMS agency is using less than 2-hour recommendation after speaking with the ambulance manufacturer, documentation from the ambulance manufacturer and the agency policy and procedure should be maintained on file.

[1] Table B1 "Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency" from the 2003 Guidelines for Environmental Infection Control in Health-Care Facilities (https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1

donning PPE, before patient contact.[11,12] In February 2017, FDNY added computerized call-type triage to NYC's 9-1-1 EMS system to provide more rapid and consistent triaging of patient calls into call-types (Supporting Information Table S1) based on acuity of the presenting complaint.

In anticipation of COVID-19, (1) FDNY activated the "pandemic" call-type modifier ("Fever-Cough") on January 30, 2020 to alert crews that they may be responding to patients returning from CDC-identified countries of concern with suspected COVID-19 disease (flu-like or respiratory symptoms). During the pandemic, COVID-19 criteria were further expanded in a stepwise approach to broaden the identification of potential COVID-19 patients. On March 30, 2020, given increasing community infection, FDNY removed the travel requirement for any caller with COVID-19 symptoms. On April 1, all medically ill patients were classified as potential COVID-19 cases, regardless of symptoms. On April 5, a system-wide order extended PPE precautions to all patients, even trauma patients.

Starting March 1, 2020, CFR firefighter responses were refocused from all high-acuity call-types to primarily cardiac arrest calls. Starting April 1, the number of 9-1-1 EMS system units were augmented by additional units supplied by local mutual aid and out-of-state ambulances through the Federal Emergency Management Agency's (FEMA) National Ambulance Contract. Starting March 31, 2020, low-acuity patients were transferred to telemedicine without an ambulance response. On April 13, 2020, patients who had an ambulance response and were found to be stable were offered a treat/release/no-transport option when their COVID-19-like symptoms were minimal, their temperature did not exceed 100.4°F, and their resting oxygen saturation was ≥95%.

2.3 | Outcomes

Three outcomes were examined in these analyses: call volumes and associated call-types, system times, and daily counts of hospital admissions and intubated patients. Calls were triaged into 65 distinct diagnostic call-types (Supporting Information Table S1) and then categorized into 8 segments based on response priority. Segments 1–3 were considered high-acuity, life-threatening calls warranting the highest response priority. Segments 4–8 were considered low-acuity calls with corresponding lower response priorities. Call-types were grouped into 10 broad categories based on common medical categories as defined in Munjal et al[10] (Supporting Information Table S1). Respiratory call types included asthma, difficulty breathing, respiratory distress, and choking. Cardiovascular call-types included cardiac arrest, cardiac symptoms, stroke, and hypertension. Each call received by NYC 9-1-1 EMS system was considered a unique incident regardless of the number of units that responded. Call data included those responded to by FDNY and hospital-based ambulances, local mutual aid and out-of-state ambulances, transfers to telemedicine, and the treat/release/no-transport option.[6]

System times were segmented into the following categories: (1) response time, defined as the time from call assignment to time of first unit arriving on-scene; (2) on-scene time, defined as the time from the first unit arriving on-scene to time first unit leaves the scene (includes donning of PPE, assessment, and treatment); and (3) turnaround time, defined as the time from hospital arrival to time unit is ready for its next call (includes patient handoff to hospital staff and ambulance decontamination).

The Bottom Line

New York City (NYC) was one the most intense epicenters of COVID-19 in the world. This study describes the impact of the COVID-19 pandemic on the operations of NYC's emergency medical services (EMS), the largest in the United States. The COVID-19 peak of March 16–April 15 2020 resulted in a 60% increase in EMS calls compared with March 16–April 15 2019 (161,815 vs 127,962 calls), primarily comprising respiratory and cardiovascular calls. The proportion of high-acuity call types increased 6%. These results illustrate the results of NYC EMS's systemwide preparation for COVID-19.

2.4 | Analysis

Descriptive analyses of counts and means, depending on data type, were conducted for all outcomes from NYC's 9-1-1 EMS system between February 15–May 31, 2020 and February 15–May 31, 2019. Data were further categorized into 3 time periods: pre-surge (February 15–March 15), peak (March 16–April 15), and post-surge (April 16–May 31). Pearson's chi-square and *t*-tests were used to compare categorical and continuous data, respectively, between the COVID-19 time periods and the same periods in 2019. Relative risk (RR) and 95% confidence intervals (CI) were also computed by time period. Analyses were performed using SAS (version 9.4; SAS Institute Inc., Cary, NC).

3 | RESULTS

3.1 | Call volume and types

The first case of COVID-19 in NYC was diagnosed on March 1, 2020. Within 2 weeks, the number of 9-1-1 EMS system calls steadily increased until mid-April (Figure 1). During the pandemic peak, from March 16–April 15, 2020, NYC 9-1-1 EMS system saw an excess of 33,853 calls, averaging an additional 1128 calls per day compared with the same period in 2019 (161,815 vs 127,692; $P < 0.001$). Daily call volume peaked on March 30, 2020 at 6527 calls, a 60% increase from 4077 on March 30, 2019. By April 16, call volumes returned to pre-pandemic levels. Call volumes post-surge, from April 16 through May 31, declined to a level significantly below its 2019 volume (154,310 vs 193,786; $P < 0.001$).

Figure 2 shows that during the peak-period (March 16–April 15, 2020), excess calls occurred only for medical (non-traumatic) call-types

Coronavirus (COVID-19)

FDNY pulls firefighters back from potential coronavirus calls

The move angered EMS union leaders who say EMTs and paramedics in the city continue to be deprioritized

March 08, 2020 10:44 AM

The FDNY issued an order Friday saying 911 calls for asthma attacks, fever, coughs and difficult breathing will only be handled by EMS due to coronavirus concerns.

Photo/Todd Maisel, New York Daily News

Ginger Adams Otis
New York Daily News

NEW YORK — The FDNY is pulling firefighters from answering medical calls that describe symptoms associated with coronavirus, the Daily News has learned.

A department order issued Friday says 911 calls for asthma attacks, fever, coughs and difficult breathing will be handled by the Emergency Medical Service.

Fire companies with certified first responder training that would normally accompany ambulances are being to stand down, the order said.

“Effective immediately, the following call types will temporarily not receive a CFR response,” states paperwork obtained by The News.

FDNY spokesman Frank Dwyer defended the order as a move to prioritize resources amid the outbreak of the fast-spreading virus tagged COVID-19.

“Firefighters continue to respond to the highest priority medical calls, whether they are potential COVID-19 calls or not, including all segment 1 incidents, cardiac and respiratory arrests, choking, and trauma incidents,” he said.

“On every call type, additional fire and ems resources can be dispatched as needed,” he said.

Segment 1 refers to top priority calls. The Friday order referred to “segment 2” calls.

The union repping EMTs and paramedics — which has long argued for salary parity with other city first responders — was furious at the move.

“The Mayor says EMS is different, and this department order shows exactly how we stand apart,” said Oren Barzilay, president of Local 2507, the union of EMTs and paramedics. “EMS is once again on the front lines as the city deals with the Coronavirus outbreak. Our members will go into the hot zone of people who might be infected. That is our job and we are faced with these kinds of dangers and others every day.”

“It is not the first time EMS has acted as the canary in the coal mine to protect the public, and it won’t be the last. It’s important now more than ever for the Mayor to acknowledge the work we do,” he stated.

Vincent Variale, leader of the EMS officers union, also blasted the order.

“This action demonstrates how EMS is the same as any other life saving, first responder agency,” Variale said. “In a time of danger firefighters have been removed from EMS response and an understaffed, undersupported EMS workforce is on the front lines protecting the people of NYC.”

The city’s EMS members are paid at significantly lower rates than other first responders. The salary of an FDNY EMT starts around $35,000 and rises to $50,000 over five years. By comparison, an entry-level firefighter gets about $45,000, which more than doubles over five years.

FDNY EMS answered 1.5 million medical calls in 2019.

Questioned last year about the pay gap in light of the call volume handled by EMS, Mayor de Blasio justified EMS workers’ lower pay by calling their jobs “different” than those of higher-paid firefighters.

“I have deep, deep respect for our EMTs and everyone who works at EMS,” de Blasio said in remarks reported by The Chief-Leader, a newspaper that serves the city’s civil servants.

“I think the work is different,” he said. “We are trying to make sure people are treated fairly and paid fairly but I do think the work is different.”

The pay parity push also comes as EMS members continually face new dangers on city streets.

On Monday, someone lobbed an object at a Queens ambulance crew, breaking a windshield. Also this week, a would-be assailant pulled out a knife on an EMS crew member in the Bronx. The assailant was disarmed before anyone was injured.

In still another incident, two EMTs trying to help an emotionally disturbed man inside an ambulance in the Bronx were suddenly threatened when the patient pulled out a gun. The first responders were able to get away unharmed, and the man was later taken into custody by cops.

———

Coronavirus (COVID-19) **FDNY** **FDNY EMS** **Fire-EMS** **Health & Wellness** **Infectious Diseases** **Labor & Union Issues** **Public Health** **Safety** **Salary** **Virus**

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Est. 1974

NYC REMAC

Advisory No.	2020-03		
Title:	**Mist Limiting Nebulizers**		
Issue Date:	March 6, 2020		
Effective Date:	Immediate		
Supersedes:	n/a	Page:	1 of 1

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law. This document was created in conjunction with FDNY in an effort protect EMS providers and the general public.

Cases of Coronavirus (COVID-19) have been confirmed within the New York City area, and an increase is anticipated through community spread. While some patients can be recognized as meeting FC (fever cough) call-type, ***not all patients will have visible signs/symptoms for immediate identification.***

Fever Cough (FC) call type:

1. patient complaining of fever **OR** cough **AND** travel to China in the past 14 days, or
2. patient complaining of fever **OR** cough **AND** contact with an ill person who has traveled from China in the last 14 days

- Effective immediately, **ALL** patients requiring nebulized medication, inclusive of those identified/suspicious for the FC call-type, should have nebulized medication administered using a delivery device that limits misting into the environment, ***if available***. These devices may be available under the term, breath actuated nebulizers (BAN).
- If mist limiting nebulizers are not available and treatment is indicated, and the patient has a meter dose inhaler, instruct the patient to use the inhaler. If the inhaler is not effective AND the patient status requires medication urgently, provide nebulized mediation using available device. EMS Providers must donn proper PPE (N95, eye-shield or goggles, gloves and gown).

Note:

- ***PPE (gloves, gowns, N95 masks, and eye protection) MUST be donned prior to any procedure with potential for aerosolization. This includes nebulization, intubation procedures and CPAP, particularly when administering nebulized medications.***
- ***This applies to all patients, not just those identified/suspected as FC call type.***
- ***An N95 mask shall never be applied to a patient.***

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

NYC REMAC

Advisory No.	2020-04		
Title:	**COVID-19: Regional Update/PPE Recommendations**		
Issue Date:	March 17, 2020		
Effective Date:	Immediate		
Supersedes:	n/a	Page:	1 of 2

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law. This document was created in conjunction with FDNY in an effort protect EMS providers and the general public.

In an effort to protect our EMS providers and frontline work force, REMAC NYC has developed PPE recommendations for the care of patients during the current COVID-19 pandemic. These are written in conjunction with NYC DOH advisories.

In the setting of a pandemic with widespread community transmission in NYC, all healthcare workers are at some risk for exposure to COVID-19, whether in the workplace or in the community. **Therefore, the NYC Health Department is asking ALL healthcare workers, regardless of whether they have had a known COVID-19 (SARS-CoV-2) exposure, to self-monitor by taking their temperature twice daily and assessing for COVID-19 like illness.**

NYC REMAC recommends that agencies monitor providers before the start of any shift.

Patient Assessment:

Not all patients have visible signs/symptoms and therefore all patients must be considered suspicious for COVID-19.

1. When approaching a patient, the EMS provider should begin questioning the patient from 6 feet away.

   The following patients should be considered **higher risk** for transmission:
   - Patients with subjective (*states he/she feels hot*) or documented fever
   - Any patients with fever / cough or respiratory symptoms
   - Any AMS or unconscious or cardiac arrest patient
   - Any Patient with respiratory symptoms

2. For **higher risk** patients:
   a. A surgical mask should be placed on the patient
      i. **AT NO TIME IS AN n95 MASK TO BE PLACED ON A PATIENT.**
   b. It is recommended that EMS providers wear:
      i. Face mask, surgical or n95, at the discretion of the agency medical director
      ii. Eye protection and gloves
      iii. Gowns (if available)

3. Respirators (n95s) should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

    a. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

4. The EMS provider can continue to use his/her mask during the tour as long as it is not soiled.

Return to Work:

Due to the widespread community transmission in NYC. Quarantine of asymptomatic providers is no longer recommended. Self-monitoring should be continued as recommended above.

Symptomatic providers who are not hospitalized but who have possible or confirmed COVID-19, should:

- Isolate themselves in a private residence until 7 days following onset of illness
- AND, 72 hours afebrile, without antipyretics
- AND, with resolving symptoms.
- **Whichever is longest.**

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.
Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Est. 1974

NYC REMAC

Advisory No.	2020-05		
Title:	**Use of Alternative Airways**		
Issue Date:	March 20, 2020		
Effective Date:	Immediate		
Supersedes:	n/a	Page:	1 of 1

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law. This document was created in conjunction with FDNY in an effort protect EMS providers and the general public.

Effective immediately, alternative airways are approved for use in all situations where endotracheal intubation is indicated, at discretion of agency medical director.

General Operating Procedures: Advanced Airway Management

Where the term 'advanced airway management' is used in these protocols, this is meant to refer to the use of endotracheal intubation and/or alternative airways (i.e. dual-lumen esophageal / tracheal intubation, laryngotracheal tubes, and other non-visualized airways that have been approved for use by the Regional Emergency Medical Advisory Committee (REMAC) of New York City).

~~***In the non-cardiac arrest situation, the use of alternative airways is not allowed.***~~

In the cardiac arrest setting, no preference is given to the use of either airway type. However, if endotracheal intubation is selected as the primary method of advanced airway management, CPR must not be interrupted for an extended period of time, and a total of no more than two attempts may be made. If after two attempts endotracheal intubation is unable to be performed, an alternative airway must be placed.

NOTE: Nasal intubation is considered to be an unacceptable form of airway management within the New York City region.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.
Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

NYC REMAC

Advisory No.	2020-06		
Title:	**Extension of NYC REMAC Paramedic Credential**		
Issue Date:	March 25, 2020		
Effective Date:	Immediate		
Supersedes:	n/a	Page:	1 of 1

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

Effective immediately, NYC REMAC Paramedic Credentials are extended for one (1) year from the date of the provider's current expiration date.

In accordance with the Governor's Executive Order temporarily suspending rules and regulations due to the State Public Health Disaster, the NYC REMAC is extending the regional credentials of paramedics operating in NYC for one (1) year. This is being done to be consistent with the suspension of the following:

Sections 800.3, 800.8, 800.9, 800.10, 800.12, 800.17, 800.18, 800.23, 800.24, and 800.26 of Title 10 of the NYCRR to the extent necessary to extend all existing emergency medical services provider certifications for one year…

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

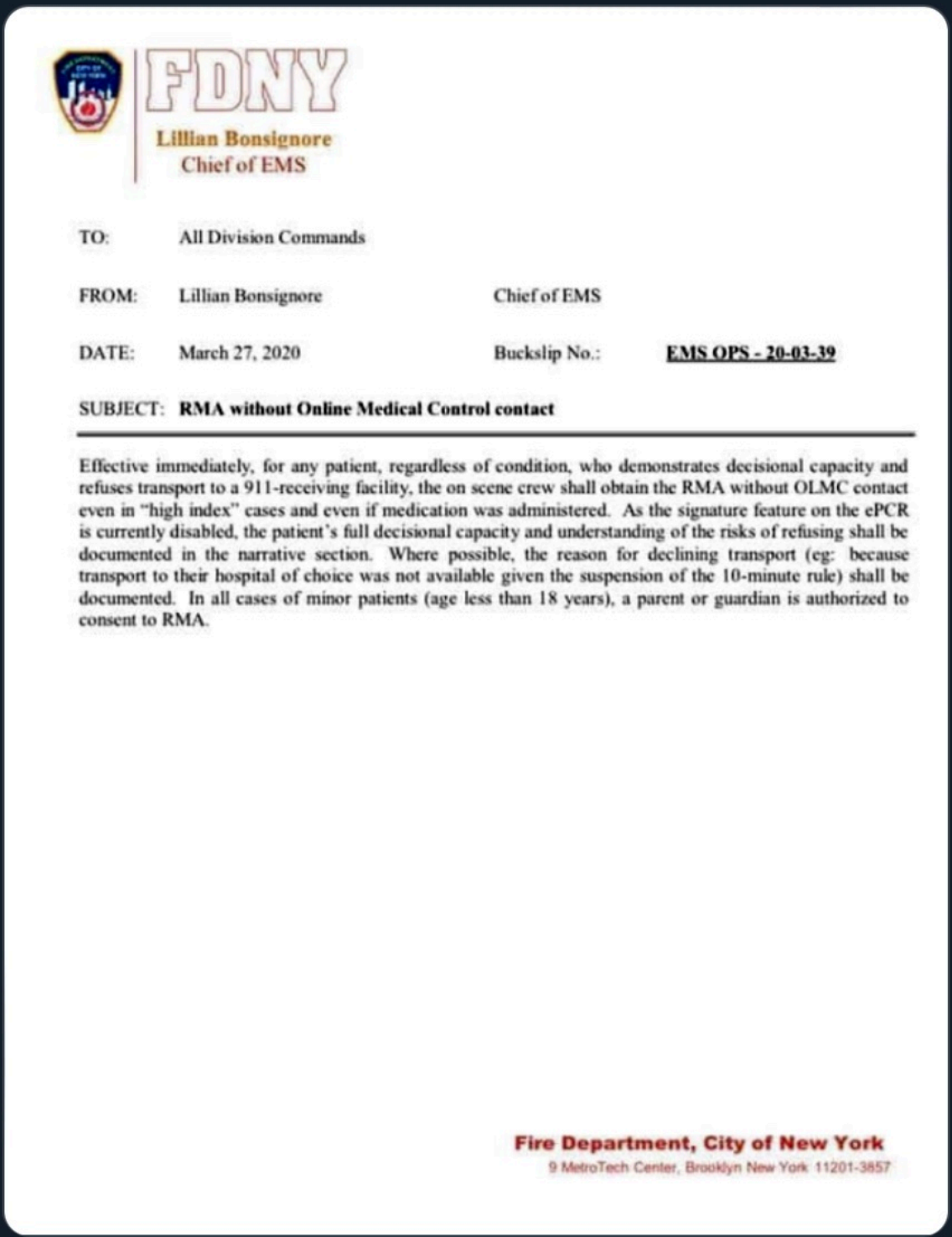
Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

NYC EMS Watch
@NYCEMSwatch

FDNY EMS makes changes to their Refusal of Medical Aid policy. Basically just let people refuse to go to the hospital. No medical control needed. This will work out fine ...maybe.



FDNY

Lillian Bonsignore
Chief of EMS

TO: All Division Commands

FROM: Lillian Bonsignore Chief of EMS

DATE: March 27, 2020 Buckslip No.: EMS OPS - 20-03-39

SUBJECT: **RMA without Online Medical Control contact**

Effective immediately, for any patient, regardless of condition, who demonstrates decisional capacity and refuses transport to a 911-receiving facility, the on scene crew shall obtain the RMA without OLMC contact even in "high index" cases and even if medication was administered. As the signature feature on the ePCR is currently disabled, the patient's full decisional capacity and understanding of the risks of refusing shall be documented in the narrative section. Where possible, the reason for declining transport (eg: because transport to their hospital of choice was not available given the suspension of the 10-minute rule) shall be documented. In all cases of minor patients (age less than 18 years), a parent or guardian is authorized to consent to RMA.

Fire Department, City of New York
9 MetroTech Center, Brooklyn New York 11201-3857

10:46 PM · Mar 27, 2020

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

NYC REMAC

Advisory No.	2020-07		
Title:	**TEMPORARY Lowering of Staffing Standards for Disaster Response**		
Issue Date:	March 30, 2020		
Effective Date:	Immediate		
Supersedes:	n/a	Page:	1 of 1

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The NYC REMAC proudly thanks the EMS Professionals tirelessly working to protect and serve the residents of NYC and recognizes that EMS provides an ESSENTIAL service to this city, state and country.

Due to increased number of personnel ill or in quarantine secondary to COVID19 infection, and in an effort to maintain adequate and safe levels of response to 911 calls, the following TEMPORARY reduction in staffing requirements is recommended:

- Advanced Life Support (ALS) Ambulances responding to 911 generated calls shall operate with a minimum of one (1) NYS certified / NYC REMAC credentialed EMT-Paramedic and one (1) NYS certified EMT.
- Basic Life Support (BLS) Ambulances responding to 911 generated calls shall operate with a minimum of one (1) NYS certified EMT and one (1) NYS certified CFR.

This TEMPORARY reduction in staffing requirements will remain in effect until the current State Disaster status imposed by the Governor to address the COVID19 crisis has been terminated.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

NYC REMAC

Advisory No.	2020-09		
Title:	**Implementation of EMS Viral Pandemic Triage Protocol for Disaster Response**		
Issue Date:	April 1, 2020		
Effective Date:	Immediate		
Supersedes:	n/a	Page:	1 of 1

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The NYC REMAC proudly thanks the EMS Professionals tirelessly working to protect and serve the residents of NYC and recognizes that EMS provides an ESSENTIAL service to this city, state and country.

The EMS Viral Pandemic Triage Protocol issued by the NYS DOH is to be immediately implemented:

- This protocol identifies criteria for the non-transport /treat in place of non-emergent patients
- For implementation in the NYC region, thermometers and pulse oximeters are, 'if available'
- If a patient meeting non-transport criteria insists on being transported, do **NOT** call Medical Control, and transport to the nearest appropriate destination.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

EMS
Viral Pandemic Triage Protocol

NEW YORK STATE | Department of Health | Bureau of Emergency Medical Services

During a pandemic, all patients must be screened for the following. Screening shall occur from a safe distance of six (6) feet.

NEXT

Does the patient have s/s of Influenza Like Illness (ILI)?

Fever greater than 100.4 °F or subjective temperature if thermometer is not available.

Sore throat	Wheezing
Nasal congestion	Cough
Post-nasal drainage	Headache
Shortness of breath	Fatigue
s/s of gastrointestinal distress	

NO → **Follow standard ALS & BLS EMS treatment protocols.**

YES

DON PPE BEFORE INITIATING CLOSE CONTACT WITH THE PATIENT

- **N95 or surgical mask, gloves, gown and eye protection.**
- **Limit close contact to as few providers as possible. Other personnel should remain 6 feet away.**
- **Only providers wearing proper PPE should perform a close patient assessment.**

*Close contact means being within approximately 6 feet of a COVID-19 case for a prolonged period of time.

NEXT

Perform an Assessment

Age >65	**Heart Rate > 110**
Temperature >100.4F	**Systolic BP < 100 mmHg**
Respirations > 22	**Altered mental status**
SpO2 < 95%	

***** Refer to BLS protocols for pediatric vital signs

YES → **Follow standard BLS & ALS EMS treatment protocols.**

NO

Obtain Patient Medical History

Is the patient a diabetic?

Is the patient pregnant?

Does the patient have a cardiovascular or pulmonary disease?

Is the patient immunocompromised (HIV, chemotherapy, etc.)?

YES → **Consult with medical control for any difficult or unclear situations.**

NO

Does the patient have secondary or underlying medical conditions other than, or in addition to, ILI?

Ex. chest pain concerning for cardiac cause, CHF, etc.

YES → **If indicated, transport patient in accordance with DOH BEMS Policy**

NO

This patient meets criteria for non-transport and/or treatment in place

Provide the patient with the NYS DOH COVID-19 Hotline number and the NYS DOH EMS COVID-19 Patient Information Handout. If the patient insists on transport, contact medical control for guidance.

NEW YORK STATE | Department of Health | Bureau of Emergency Medical Services

Information Handout for Patients Not Transported by Emergency Medical Services

If your symptoms worsen:

- **Contact your health care provider.**
- **If it is an emergency, call 911.**
- **Upon first contact with any health care provider (physician, ambulance, emergency room, clinic) inform them immediately that you have a cough/fever so that they can treat you promptly and appropriately.**

- Consider taking over-the-counter medications that you normally use for cough/fever. If under age 15 do not take aspirin or aspirin containing products.
- Continue to take your regular medications unless your health care provider advises you otherwise.
- Stay at home until you have no fever for 24 hours without the use of fever-reducing medication.
- Avoid close contact with others.
- Cover your mouth when sneezing, blowing your nose or coughing.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Wash hands frequently and always after coughing/sneezing, etc. Use soap and water or alcohol-based hand sanitizer.
- Do not share glasses, cups, utensils, toothbrushes.
- Clean hard surfaces (especially in commonly used areas: bedroom, kitchen, bathroom) with standard household disinfectants.
- Contact your health care provider if you have any further questions or if your condition worsens.

NYS COVID-19 Hotline

Call 1-888-364-3065 for Information about COVID-19

Local Health Department COVID-19 Hotline:

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

475 Riverside Drive, Suite 1929
New York, NY 10115
TEL: (212) 870-2118
FAX: (212) 870-2302
Email: mdiglio@nycremsco.org

PRESS RELEASE
April 2, 2020

In an effort to protect our residents and our Essential First Responders, specifically our EMTs and Paramedics, the NYC Regional Emergency Medical Advisory Committee (REMAC), has revised several regional protocols. The following refers to the most recent:

1. To maintain a functioning EMS System the staffing requirements have been relaxed to allow 911 ALS units to operate with 1 paramedic and 1 EMT, and 911 BLS units to operate with 1 EMT and 1 CFR. This is the same standard as non-911 ambulances, as well as throughout the state. This change in staffing is required to maintain an operational 911 System that is being impacted by increasing numbers of our EMS professionals becoming ill and quarantined.
2. The **Cardiac Arrest** procedure has been changed so that victims of cardiac arrest, who do not respond to CPR and other standard treatments according to existing treatment guidelines, will be pronounced on the scene. Due to the tremendous volume of patients in our Emergency Departments, patients who are pronounced on the scene will not be transported to an emergency department. Furthermore, CPR is a significantly high-risk procedure and would further jeopardize EMS providers. Emergency Departments are severely overcrowded and transporting patients pronounced on the scene only increases ED workload and potentially exposes ED staff and patients to COVID19.
3. In accord with the NYS Department of Health, REMAC has directed EMS crews to educate the public not to use ambulance transport to emergency departments in cases of minor illness or injury. Both the 911 System and emergency departments are overloaded with critically ill patients and patients not in need of critical care who arrive unnecessarily at an ED can risk exposure to COVID19.

We ask the public to think before they call 911 or go to an emergency room. Conserving protective equipment is not the only way to help during this crisis. Help us conserve and support our health care system and providers by staying home when possible.

The NYC REMAC proudly thanks the EMS Professionals tirelessly working to protect and serve the residents of NYC and recognizes that EMS provides an <u>ESSENTIAL</u> service to this city, state and country.

Lewis W. Marshall, Jr, MD, JD
Chair, Board of Directors
Regional EMS Council of NYC, Inc.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, NYC Regional Emergency Medical Advisory Committee

NYC REMAC

Advisory No.	2020-10		
Title:	**Updated: TEMPORARY Cardiac Arrest Standards for Disaster Response**		
Issue Date:	April 17, 2020		
Effective Date:	Immediate		
Supersedes:	2020-08	Page:	1 of 3

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The NYC REMAC proudly thanks the EMS Professionals tirelessly working to protect and serve the residents of NYC and recognizes that EMS provides an ESSENTIAL service to this city, state and country.

Basis:

In order to ensure the safety of our providers while also providing care to our patients, the following changes have been made in the **Cardiac Arrest** procedure:

- **Refer to attachment: Cardiac Arrest Standards of Care During the COVID-19 Pandemic Guidance Document**
- In the event a resuscitation is terminated, and the body is in public view, the body can be left in the custody of NYPD.
- In the event NYPD response is delayed call the following:
  - NYPD DOA Removal: 646-610-5580

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

BUREAU OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEMS
GUIDANCE DOCUMENT

TO: Emergency Medical Service Providers

FROM: Ryan P. Greenberg, Director
Steven P. Dziura, Deputy Director

SUBJECT: Cardiac Arrest Standard of Care During the COVID-19 Pandemic

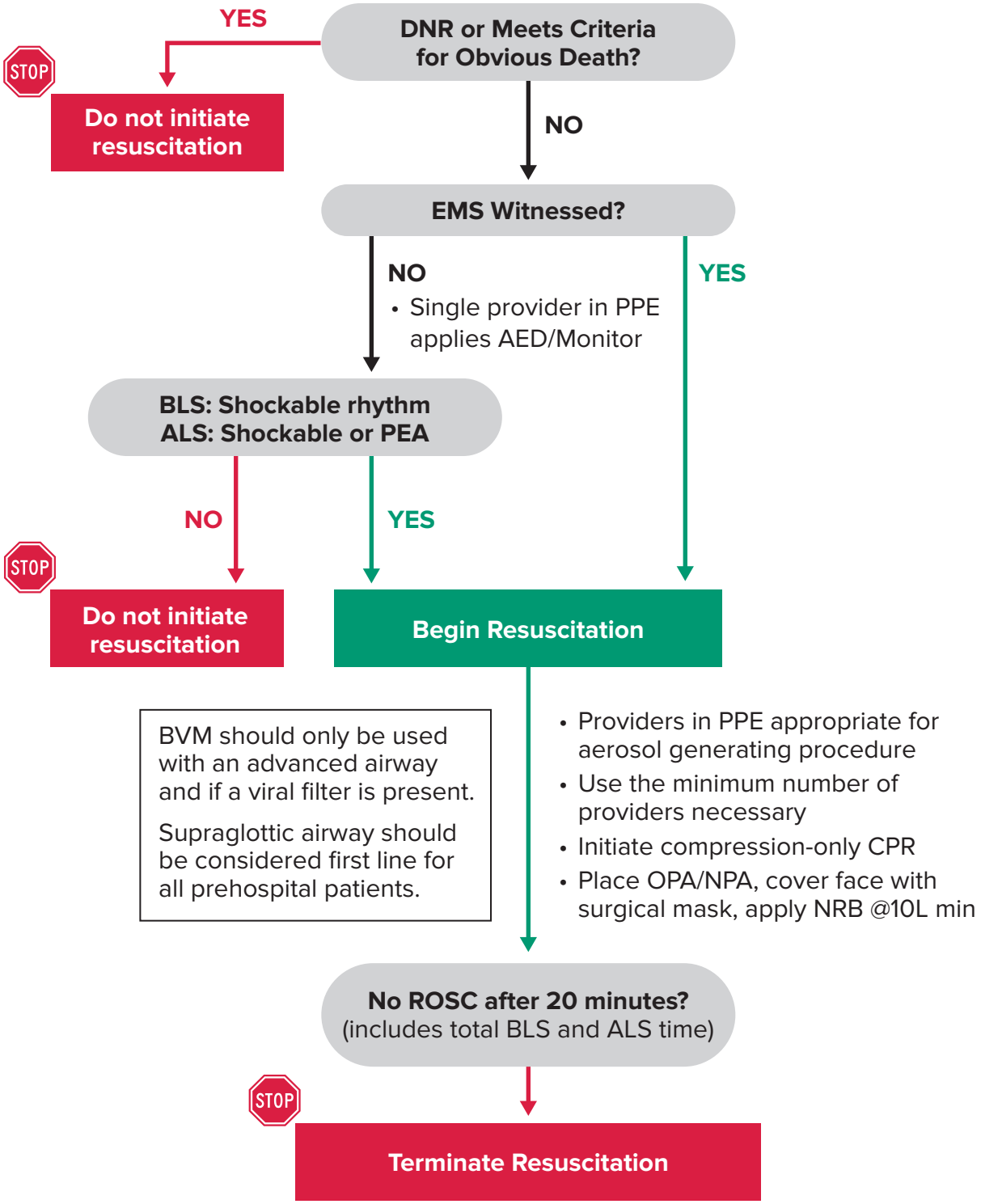
DATE: April 17, 2020

Effective immediately, all levels of the NYS Department of Health Certified Emergency Medical Services Providers (i.e., Certified First Responder through Paramedic level) must use the attached protocol. Please note that this protocol:

- Applies only to patients older than 18 years of age;
- Contains changes that are based on well-accepted, widely published evidence, and are widely agreed upon by the physician leaders of Emergency Medical Service Regional Medical Control Systems across New York State; and
- Reflects recommended revisions which pre-date the COVID-19 public health emergency and have been successfully used in many areas of the US, as well as other locations throughout the world.

COVID-19 Public Health Emergency

EMS Cardiac Arrest Standards of Care



THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

NYC REMAC

Advisory No.	2020-11		
Title:	**Clarified: Cardiac Arrest Standards for Disaster Response**		
Issue Date:	April 23, 2020		
Effective Date:	Immediate		
Supersedes:	2020-10	Page:	1 of 1

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The purpose of this advisory is to clarify various cardiac arrest guidelines that have been released by NYC REMAC, FDNY EMS and BEMS.

The NYS DOH BEMS requested dissemination of its Cardiac Arrest Standards of Care During the COVID-19 Pandemic Guidance Document. This guidance document provides an evidence-based approach to a crisis standard of care.

- **AT THIS TIME, THE NYC REGION IS NOT AT A LEVEL OF CRISIS THAT WOULD REQUIRE THIS STANDARD.**

The NYC Region will continue to resuscitate patients in cardiac arrest in compliance with NYC REMAC ADVISORY 2020-08.

- For all **ADULT** (18 years or older) non-traumatic and blunt traumatic cardiac arrests:
    - If a DNR is presented or the patient meets criteria for obvious death (ex. Rigor), do not initiate resuscitation.
    - In all other cases, resuscitation shall consist of the minimal number of providers necessary, in PPE (N95, eye-shield, gloves and gown).
    - Providers may terminate resuscitation (CPR), WITHOUT prior OLMC approval, if all of the following are present:
        1. Resuscitation by EMS providers attempted for at least 20 minutes.
        2. AED had "no shock indicated" and/or the ALS monitor shows a non- shockable rhythm throughout the resuscitation.
        3. Return of Spontaneous Circulation (ROSC) was not achieved at any time during resuscitation.
- If all of the above requirements are not met, OLMC **MUST** be contacted **BEFORE** termination of resuscitation.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

NYC REMAC

Advisory No.	2020-12		
Title:	**RESCIND: Implementation of EMS Viral Pandemic Triage Protocol for Disaster Response**		
Issue Date:	April 27, 2020		
Effective Date:	Immediate		
Supersedes:	2020-09	Page:	1 of 1

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The NYC REMAC proudly thanks the EMS Professionals tirelessly working to protect and serve the residents of NYC and recognizes that EMS provides an ESSENTIAL service to this city, state and country.

Due to a decrease in call volume the EMS Viral Pandemic Triage Protocol issued by the NYS DOH will no longer be in effect in the NYC region. Triggers for re-activation of disaster/pandemic based operational procedures and protocols are being developed and will be published shortly.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

NYC REMAC

Advisory No.	2020-13		
Title:	**Termination of Resuscitation (TOR) For Futility Physician Guideline**		
Issue Date:	May 7, 2020		
Effective Date:	Immediate		
Supersedes:	2009-01	Page:	1 of 3

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

Attached is the revised Termination of Resuscitation (TOR) Physician Guideline. This document has been created to assist the Online Medical Control Physician by identifying when patients in cardiac arrest may be considered for prehospital termination of resuscitation.

This guideline is also being directed to EMS personnel and EMS agency medical directors to keep them informed of regional guidelines for and exceptions to Termination of Resuscitation.

This guideline does not replace or over-ride the clinical judgment of the Online Medical Control Physician, or his/her final decision regarding prehospital Termination of Resuscitation.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council of New York City

TERMINATION OF RESUSCITATION (TOR) GUIDELINES

The NYC REMAC has issued Termination of Resuscitation (TOR) guidelines to assist Online Medical Control (OLMC) physicians in identifying patients in cardiac arrest that may be considered for prehospital termination of resuscitation.

This guideline is based on recommendations from the American Heart Association for out-of-hospital cardiac arrests (OHCA)[1] as well as additional studies that further delineate duration of resuscitative efforts and its relationship to neurological[2] [3] [4] and overall hospital outcomes[5], as well as applications of TOR[6] [7] [8] guidelines in the pre-hospital setting.

This guideline is for EMS personnel, OLMC physicians, and EMS agency medical directors to aid in standardization of termination of resuscitation in the prehospital setting.

This guideline does not replace or over-ride the clinical judgment of the OLMC physician when determining prehospital TOR.

---

[1] American Heart Association. 2015 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care**.** **Circulation**. 2015; *132*:S383-396.
[2] Mutter EL, Abella BS. Duration of cardiac arrest resuscitation: deciding when to call the code. Circulation. 2016; 133:1338-1340
[3] Goto Y, Funada A, et al. Relationship between the duration of cardiopulmonary resuscitation and favorable neurological outcomes after out-of-hospital cardiac arrest resuscitation: a prospective, nationwide, population-based cohort study. J Am Heart Assoc. 2016;5e:002189
[4] Cheong R et al. Termination of resuscitation rules to predict neurological outcomes in out-of-hospital cardiac arrest for an intermediate life support prehospital system. Prehosp Emerg Care. 2016;20:623-629
[5] Reynolds JC et al. The association between duration of resuscitation and favorable outcome after out-of-hospital cardiac arrest: implications for prolonging or terminating resuscitation. Circulation. 2016;116:023309
[6] Verhaert DVM et al. Termination of resuscitation in the prehospital setting: a comparison of decisions in clinical practice vs. recommendations of a termination rule. Resuscitation. 2016;100:60-65
[7] Morrison LJ et al. Implementation trial of the basic life support termination of resuscitation rule: reducing the transport of futile out-of-hospital cardiac arrests. Resuscitation. 2014;85:486-491
[8] Fukada T et al. Applicability of the prehospital termination of resuscitation rule in an area dense with hospitals in Tokyo: a single-center, retrospective, observational study. Am J Emerg Med. 2014;32:144-149

TERMINATION OF RESUSCITATION (TOR) GUIDELINES

Termination of Resuscitation shall be considered for cardiac arrests with all of the following criteria:

Patient Characteristics

- Age ≥ 18 years old
- Arrest etiology is non-traumatic or is not due to any of the following:
    - Drowning
    - Hypothermia
    - Suspected pregnancy
    - Lightning injury/electrocution
    - Suspected overdose
    - Hanging/asphyxia

Resuscitation Components

- Unwitnessed arrest without bystander CPR
- At least 30 minutes of EMS resuscitation time, including at least ALS resuscitative care for 20 minutes
- No return of spontaneous circulation (ROSC) during resuscitation at any time
- No defibrillation is performed during resuscitation at any time
- Rhythm remains in asystole or PEA (rate < 40) throughout resuscitation
- Arrest does not take place in a public area

Important Exceptions to TOR Guidelines

1. Resuscitation attempts should be immediately terminated upon presentation of a valid DNR (Do Not Resuscitate) order. TOR criteria do **not** need to be met to halt resuscitation when a patient's DNR status is identified. The following DNR orders may be accepted by prehospital providers (other DNR orders **cannot** be honored in the prehospital setting):
    a. New York State Department of Health (DOH) Out-of-Hospital DNR form or DNR bracelet.
    b. MOLST (Medical Orders for Life-Sustaining Treatment) form indicating DNR status.
    c. Physician's DNR order in the medical chart when the patient is in the medical care facility under the physician's care.