

# COUNTY OF SUFFOLK



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SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

**GREGSON H. PIGOTT, MD, MPH**  
Commissioner

**TO:** Suffolk County ALS Providers and EMS Agencies  
**FROM:** Jason Allen Winslow MD, MS, NREMT, FACEP *JAW*  
Regional EMS System Medical Director  
**DATE:** February 10, 2023  
**RE:** New York State Collaborative Protocol Update

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The newest version 23.1 of the **New York State Collaborative Advanced Life Support Adult and Pediatric Patient Care Protocols** has been authorized by the State Emergency Medical Advisory Committee and is now available on the Suffolk REMSCO webpage. The protocol changes are effective as of **February 15, 2023**. Please review the Introduction on page 6 which states that “these protocols have been updated to be consistent with the Statewide BLS Protocols” and that “regional procedures and policies may accompany these protocols.” And as a reminder, the AEMT level of provider is not authorized by Suffolk County REMAC at this time as “each region will determine which levels will be credentialed to practice within their jurisdiction” as it states in the document.

The previous Behavioral: Excited Delirium Protocol has been removed.

There is a new **Behavioral: Agitated Patient – Adolescent Protocol** that should be reviewed by all levels of provider. Please note that the protocol states all levels of provider should include the involvement of law enforcement personnel, the use of verbal de-escalation techniques and the taking of vital signs and blood glucose level if safe to do so. EMT-Critical Cares and the EMT-Paramedics are authorized to administer Midazolam up to 5mg IM or IV, may repeat up to 10mg under standing orders. EMT-Paramedics may administer Ketamine 2mg/kg up to 250mg IM under standing orders only for patients who “fail to respond to verbal and environmental de-escalation in the setting of destructive, erratic, bizarre, or violent behavior.” EMT-Paramedics may provide an additional dose of Ketamine 2mg/kg up to 250mg IM after 5 minutes or an additional dose of Midazolam 0.1mg/kg up to 5mg IM up to a total of 10mg under standing orders. Contact with Suffolk County Medical Control is required for any further medication administration of additional Midazolam IV or IM, additional Ketamine IV or IM (for EMT-Paramedics only), or the administration of Haloperidol 2.5 to 5mg IV or IM.



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The **Behavioral: Agitated Patient – Adult Protocol** has been updated. EMT-Critical Cares or EMT-Paramedics may administer Midazolam up to 5mg IM or IV, with one repeat administration up to 10mg under standing orders. The protocol states that the administration of Ketamine is authorized for EMT-Paramedics under standing orders “for patients who are extremely combative and are at immediate risk of causing physical harm to emergency responders, the public or themselves who present with a clinical trial of psychomotor agitation, physiologic excitation and failure to respond to verbal and environmental de-escalation in the setting of destructive, erratic, bizarre or violent behavior.” Ketamine may be administered 250mg IM with one repeat dose after 5 minutes (or a single dose if Midazolam has already been administered). Please remember that Ketamine may not be administered by EMT-Critical Cares and that EMT-Critical Cares may not have access to Ketamine according to the New York State Bureau of Narcotic Enforcement.

The **Behavioral: Agitated Patient – Pediatric Protocol** allows the use of Midazolam 0.1mg/kg IV or IM for EMT-Critical Cares as a Medical Control consideration. EMT-Paramedics may administer Midazolam 0.1mg/kg IV or IM or Ketamine 0.5mg – 2mg/kg IV or IM as Medical Control considerations.

In all behavioral emergency situations, the EMS provider is reminded to be attentive to their own personal safety and to ensure the safety of the patient. Please review the Suffolk County REMAC approved “Use of Restraint Policy” in the Suffolk County Basic Life Support and Advanced Life Support Policy Manual which may be found on the Suffolk REMSCO webpage under the Protocols heading.

On page 123 of the New York State Collaborative Protocols, RSI agencies and RSI-credentialed paramedics are reminded to review the **Rapid Sequence Intubation (RSI) Adult Protocol** which states “regional policy/procedure determines credentialing of paramedics authorized to utilize this protocol and any additional directives pertaining to rapid sequence intubation.” Please note that there is no longer any patient GCS requirement in the use of RSI. The Suffolk County RSI Sub-Committee of the REMAC has a Regional policy on the use of RSI in Suffolk County which should be reviewed by all RSI-credentialed paramedics.

Thank you.