TO: State EMS Council
   State Emergency Medical Advisory Committee

FROM: Edward G. Wronski, Director
       Bureau of Emergency Medical Services

SUBJECT: Policy # 96-05

DATE: April 8, 2008

I am requesting the members of the State EMS Council and the State Emergency Medical Advisory Committee review Policy #96-05 in light of the attached information and request to delete this policy. At present, there are no active training programs utilizing this policy guidance and apparently there has been no use of the provisions of this policy or the statutory provisions behind it that we can determine from our records.

Thank you.

Attachments

cc: Marjorie Geiger
    Karen Meggenhofen
    Donna Gerard
    Andy Johnson
April 2, 2008

Justin Goodman
Research Associate
People for the Ethical Treatment
of Animals
JustinG@peta.org

Dear Mr. Goodman:

This is in follow up to our telephone conversation last week and to your
March 14, 2008 e-mail letter regarding EMS policy number 96-05 titled Pediatric
Intubation Training in a Veterinary Health Facility.

I appreciate the information you provided in your letter and will share this with
the State EMS Council and State Emergency Medical Advisory Committee for review
and recommendation regarding any continued use of this policy.

I will advise you of the outcome of the meeting.

Sincerely,

Edward G. Wronski
Director
Bureau of Emergency Medical Services
Dear Mr. Wronski:

Thank you so much for reaching out to discuss New York State's existing, but apparently unused, policy on the use of cats for pediatric intubation training. As I mentioned on the telephone, the fact that there is no record of anyone filing the requisite paperwork to actually use animals for this training is indicative of the efficacy of the widely-used simulators that are available and provide knowledge that is transferable to the clinical setting. By completely deleting the current policy on the use of animals, the NYS Bureau of Emergency Medical Services would be acknowledging the superiority of these non-animal alternatives and taking a progressive, compassionate stance on the topic of medical education more generally, placing it in line with esteemed organizations like the American Academy of Pediatrics which has explicitly stated that it "has never advocated the use of live animals in our [resuscitation] training..." and has "always used plastic infant resuscitation mannequins for training exercises." Further, by deleting this policy you close the door to anyone in the future who out of habit or archaic tradition, not based on scientific evidence, would suggest that their students utilize animals for this kind of training.

I look forward to receiving your letter and to hearing the outcome of your forthcoming meeting in May. Please do not hesitate to contact me with any questions.

Sincerely,

Justin Goodman
Research Associate
People for the Ethical Treatment of Animals
JustinG@peta.org
860-882-2492 (phone)
860-812-2280 (fax)
March 14, 2008

Edward Wronski, Director
Bureau of Emergency Medical Services
Central Office
Hedley Park Place
433 River Street
Suite 303
Troy, NY 12180

Via email

Dear Mr. Wronski:

I am writing to you as a representative of PETA and its 1.8 million members and supporters, and as a native New Yorker, regarding the Department of Health’s (DoH) policy on the use of animals in pediatric intubation training (Policy no. 96-05). Specifically, PETA is asking that your agency repeal this policy and permanently abandon its cruel, unnecessary and inferior animal-based training in favor of one of the many widely-used, humane alternatives available.

We have recently learned that the DoH’s policy on “Pediatric Intubation Training in a Veterinary Health Facility” still allows students who are enrolled in advanced emergency medical technician courses to use cats for intubation training, despite the availability of widely-validated, high-fidelity simulation alternatives to the use of animals to train students and practitioners in neonatal and pediatric airway management.

As you may know, *The Guide for the Care and Use of Laboratory Animals* states that “it should be assumed that procedures that cause pain in humans also cause pain in animals” (OLAW 1996). A 2003 study on procedural pain in human neonates concluded that endotracheal intubation is the most painful procedure that infants regularly undergo during hospital stays, scoring an 8.9 (± 1.4) on a 10-point scale (Simons and others, 2003).

According to an expert opinion obtained from Joan Poster, V.M.D., PhD, cats “cannot be repeatedly intubated by several people without causing them severe injuries.” (Poster 2008). Dr. Poster went on to state that:

> Unlike humans, cats can only be intubated while in sternal recumbency (i.e. lying on their abdomen). During intubation in this position, cats frequently go into laryngospasm
making intubation nearly impossible without the use of topical lidocaine. If a novice tries to force the tube down a cat’s throat, the tissues can bleed and swell causing pain and possible scarring and can even lead to death if anti-inflammatories are not administered. A recent publication shows that in some cases, complications from endotracheal intubation can cause tracheal ruptures that result in “subcutaneous emphysema, with varying degrees of pneumomediastinum and pneumothorax resulting in hypoxemia and dyspnea” (Hofmeister and others, 2007). (Poster)

Consequently, there is adequate reason to believe that significant pain, distress, and suffering is associated with the use of animals for these procedures.

Furthermore, it is worth noting that the current standard of practice for teaching basic sciences, medicine, and surgery to U.S. medical students does not include the use of live animals. According to the schools themselves, 144 of the 154 accredited U.S. allopathic and osteopathic medical schools—more than 90 percent of schools—do not use animals for any part of standard medical student education. All nine new medical schools opening in the U.S. between 2007 and 2009 have established non-animal curricula from inception, confirming that this is the current medical education standard of practice. Since March 2006, elimination of live animal use has been endorsed by such respected organizations as the American College of Surgeons, the Accreditation Council for Graduate Medical Education, and the American Medical Student Association. The Emergency Nurses Association also does not require the use of animals in any of its training courses.

The shift of away from animals in medical training is due not only to the cruelty involved, but to the fact that animals are poor models for humans. In her statement, Dr. Poster also noted that,

[T]he oropharyngeal anatomy of cats differs drastically from that of humans. Cats have larger, sharper teeth; proportionately larger tongues; more copious salivation; smaller anterior larynxes; dome-shaped arytenoid cartilage; and larger epiglottises than humans. (Poster)

As far back as 1991 (almost 5 years before policy no. 96-05 was passed), an Annals of Emergency Medicine study reported that the endotracheal intubation success rate achieved by paramedics who were exclusively trained on manikins was 86 percent. The authors concluded that, “Our study supports the concept of using only manikins and didactic sessions for teaching the skills of [endotracheal intubation] to paramedics” (Stratton and others 1991).

More recently, it was reported that, “Realistic simulation-based training in neonatal resuscitation is possible using current technology, is well received by trainees, and offers benefits not inherent in traditional paradigms of medical education” (Halamek et al 2000). Since then, major advancements in the fidelity of the manikins have been made and dozens of papers have been published reporting the efficacy of these simulators. Today, for ethical, economic and pedagogical reasons, they represent the most commonly used method of airway training in both neonates and adults.
One of the most sophisticated manikin-based alternatives available to the use of cats in these exercises is Laerdal’s SimBaby which allows accurate simulation of all relevant infant airway management and patient care scenarios. According to an article published in Advances in Neonatal Care,

SimBaby breathes, cries, coughs, and hiccoughs. It can be programmed to exhibit cyanosis, stridor, retractions, wheezing, and even a pneumothorax. SimBaby also has audible heart sounds and murmurs, palpable pulses, and measurable blood pressure.

A few of the skills that learners can practice with SimBaby are intravenous, intra-arterial, or intraosseous cannulation; chest tube insertion; endotracheal intubation; laryngeal mask airway insertion; suctioning; defibrillation; and cardioversion. During endotracheal intubation, complications such as laryngospasm and right mainstem intubation can be simulated. (Stokowski 2005)

Laerdal also manufactures other systems for neonatal intubation training such as the Neonatal Intubation Trainer, Neonatal Resuscitation Baby, ALS Baby Trainer and Nita Newborn, METI (makers of BabySim), Gaumard Scientific (makers of PREMIE), Life/form (makers of Infant Airway Management Trainer), and Simulaids (makers of Deluxe Infant Airway Trainer) are some of the other companies that also manufacture manikins that allow training in neonatal endotracheal intubation and a wide array of other procedures. These simulators are available directly from their manufacturers or from distributors such as Armstrong Medical.

And finally, as a purely legal matter, the United States Department of Agriculture’s guidelines on the use of regulated animals (such as cats) in experimentation and medical training require course instructors to demonstrate that alternatives to the use of animals in this training are not available [see 9 C.F.R. § 2.31(d)(1), 2.32(c)(5)(ii)] and that animal use for this purpose “is unavoidable for the conduct of scientifically valuable research” [see 9 C.F.R. § 2.31(e)(4)]. In light of all the above, it is not possible for a course instructor’s written narrative—which is contained in the research protocol and describes either the search for alternatives or the procedures to be used—to illustrate that no alternatives to the use of animals for pediatric intubation training exist.

Eliminating the DoH’s use of live animals for intubation training and replacing it with one of the many alternatives available today would not only reduce animal suffering but also provide a richer learning experience for students and establish New York as a forerunner in emergency medical training.

Will you please contact me to discuss this urgent matter? I can be reached at 860-882-2492 or via e-mail at JustinG@peta.org.

Thank you very much. I look forward to hearing from you.

Respectfully,

Justin Goodman
Research Associate
cc: Richard F. Daines, M.D., Commissioner, NYS Department of Health
Marjorie Geiger, Assistant Director, NYS Emergency Medical Services Bureau
Karen Meggenhofen, Associate Director, Education and Certification Services,
NYS Emergency Medical Services Bureau

References

for a new paradigm in pediatric medical education: teaching neonatal resuscitation in a simulated


Office of Laboratory Animal Welfare, *Guide for the Care and Use of Laboratory Animals*,

Poster J. Written statement, 20 February 2008.

still hurt newborn babies? A prospective study of procedural pain and analgesia in neonates.
*Archives of Pediatrics and Adolescent Medicine*, 157: 1058 –1064

237–239.


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In 1995 the Public Health Law was amended to allow students who are enrolled in advanced emergency medical technician courses, under very specific conditions, to use animals for intubation training. The intent of the law was to allow for the intubation of an animal [cat] as a method for enhancing pediatric intubation skills. This is a non-mandatory adjunct for any advanced emergency medical technician course which contains a pediatric component. Therefore, if a course curriculum contains a pediatric intubation didactic and performance objectives, the course medical director, in consultation with the instructor/coordinator, should determine whether animal intubation should be included. Even though an optional component, animal [cat] intubation is considered to be a valuable opportunity to assist students in mastering the skill of pediatric intubation.

In order for animal intubation to be permitted there are a number of requirements a course sponsor MUST follow. The following is a list of these requirements:

1. The course sponsor is responsible for making the arrangements for pediatric intubation training using animals [cats].

2. The course schedule submitted with a course application must note that animal intubation will be used and at what point in the course it is scheduled.

3. The course sponsor must include a "Declaration of Intent to Use a Feline Model for Pediatric Intubation Training" (DOH-4053) form with the course application and schedule.

4. Each student must successfully complete didactic and manikin training in human intubation which meets the New York State Department of Health curriculum objectives for pediatric endotracheal intubation.

5. A "Medical Director's Authorization for Pediatric Intubation Training in a Veterinary Health Facility" (DOH-4052) must be signed by the Course Medical Director prior to a student performing an animal intubation. This form (with the original signature) MUST be kept on file with the course sponsor for a period of at least five (5) years.
Attachment #1 Declaration of Intent to Use a Feline Model for Pediatric Intubation Training (DOH-4053)

Attachment #2 Medical Director’s Authorization For Pediatric Intubation Training in a Veterinary Health Facility (DOH-4052)

Attachment #3 Sample "Informed Consent Letter"
Declaration of Intent
to Use a Feline Model for
Pediatric Intubation Training

This declaration must be completed, signed by the Course Medical
Director and Certified Instructor Coordinator (CIC), and filed with a
course application and course schedule when animal intubation is to
be included as part of the pediatric intubation training objectives

Declaration: The advanced emergency medical technicians course noted below intends to include the
performance of animal intubation as set forth in Policy Statement 96-05.

Course Type

Course Number: _____________
(if available)

☐ EMT-Intermediate ☐ original ☐ refresher

☐ EMT-Critical Care ☐ original ☐ refresher

☐ EMT-Paramedic ☐ original ☐ refresher

Course Medical Director

Medical Director’s Name (printed): __________________________________________

Medical Director’s Signature: __________________________________________

License Number: __________________________ Date: __________________________

Certified Instructor Coordinator (CIC)

CIC’s Name (printed): __________________________________________

CIC’s Signature: __________________________________________

CIC Number: __________________________ Date: __________________________

New York State Department of Health
Bureau of Emergency Medical Services
433 River Street, Suite 303
Troy, New York 12180-2299

DOH-4053 (9/96)
Medical Director’s Authorization
For Pediatric Intubation Training
in a Veterinary Health Facility

Student Information:

Name: ________________________ NYS EMT #: ____________________

Course Number: ____________
☐ EMT-Intermediate ☐ original ☐ refresher
☐ EMT-Critical Care ☐ original ☐ refresher
☐ EMT-Paramedic ☐ original ☐ refresher

(if available)

The application submitted for the above course number must have
specified that animal intubation is a planned component.

Medical Director’s Affirmation:

I, the undersigned Medical Director, do affirm that the student identified
above has completed didactic and manikin training in human intubation
which meets New York State Department of Health curriculum
objectives in pediatric endotracheal intubation. The student named
above is approved to perform animal intubation as set forth in Chapter
542 of the Laws of 1995. Criteria appears on the reverse side of this
affirmation which specifies all other mandated requirements.

Medical Director’s Name (printed) ________________________________

Medical Director’s Signature ________________________________

License Number ________________ Date ______________________

This form, with original signatures, must be maintained on file with the Course Sponsor.
A copy of this form, with the notice to veterinarian on the reverse side, must be provided
to the veterinarian prior to performing endotracheal intubation on an animal.

Notice to Veterinarian: Please review the information on the reverse of this form.

DOH-4052 (9/96)
Notice to Veterinarian:

Chapter 542 of the Laws of 1995 amended the education and public health laws to allow students enrolled in an advanced emergency medical technicians course, in which pediatric endotracheal intubation training is included, to perform endotracheal intubation on an animal under the immediate personal supervision of a licensed veterinarian or a licensed veterinary technician acting under the direct supervision of a veterinarian. The Medical Director’s signature on the reverse side of this form indicates that this student has completed the required didactic and manikin training in human intubation and is eligible to participate in supervised animal endotracheal intubation.

All the following criteria must be met:

1. The animal endotracheal intubation is only performed under the immediate personal supervision of a licensed veterinarian, or a licensed veterinary technician under the supervision of a veterinarian, as defined in Section 6709 of the State Education Law.

2. Animal endotracheal intubation is only performed on an animal when a medically indicated procedure, treatment or operation is performed for any non-emergency disease, pain, injury, deformity, or physical condition of the animal.

3. Animal endotracheal intubation is only performed when the animal is properly sedated or anesthetized.

4. Animal endotracheal intubation is performed no more than once per animal by no more than one certified emergency medical technician.

5. The animal owner, or where such owner is unknown, the person having lawful charge of custody of the animal, consents in writing to the performance of endotracheal intubation by a certified emergency medical technician.
Dear Cat Owner,

Your cat will soon undergo a veterinary surgical procedure in our facility. As is customary in our practice, a breathing tube will be inserted into your cat’s windpipe to protect its airway during general anesthesia. We are asking your permission to allow a student advanced emergency medical technician to assist us in inserting this tube under our immediate, personal supervision.

Advanced emergency medical technicians, often called paramedics, provide life-saving treatment to critically ill and injured human patients before they reach the hospital. In the course of their work, they must sometimes insert a breathing tube into the airway to provide oxygen to the brain, heart, and lungs. They learn this skill in adult patients in hospital operating rooms under the immediate, personal supervision of anesthesiologists.

However, the airways of children are much smaller, and shaped differently, than the airways of adults. Moreover, because children seldom require surgery, there are few opportunities to practice inserting a breathing tube properly in pediatric patients.

Fortunately, the airway of a small child is very similar in size and shape to the airway of a cat. For this reason, we are asking your permission to allow a student advanced emergency medical technician to assist us in inserting the breathing tube under our immediate, personal supervision. The New York State Department of Health estimates that this training could save the lives of as many as 200 children each year in New York State.

Authority to conduct this vital training was enacted into New York State Law in 1995 with the support of the New York State Veterinary Medical Society, whose motto is “Caring for Man And Animals.” This type of training has been proven to be entirely safe to the animal involved. Nevertheless, your cat’s participation is entirely voluntary, and will in no way affect the treatment your cat will otherwise receive.

As your veterinarian, my participation in this training program is also entirely voluntary. I have chosen to ask you to allow your cat to participate because the risk to your cat is minimal while the benefit to children and their families is large. Thank you for the time you have taken to read this important letter and your willingness to consider allowing your cat to participate in this training, which could someday save the life of a child.

Sincerely yours,

_____________________, D.V.M.

I do □ do not □ give my consent for my cat to participate.

_____________________, Owner