

NASEMSO Domestic Preparedness Annual Committee Minutes
Albuquerque, New Mexico
Tuesday, September 20, 2016

Present

Joe Schmider, (TX) Chair

Richard Gibbons Co Chair

David Harden (AZ)

Paul Patrick(UT)

Gary Brown (Va)

Kathy Wahl (MI)

Diane Hansworth (De)

Melissa Trumbull (NREMT)

Bobby Bailey (Fl)

Nancy Kelly-Goodstein (NJ)

Michael Stern (USFA)

Gam Wijetunge (NHTSA)

Mel House (Ohio)

Dave Edwards (EMSC)

Ray Mollers (DHS)

Jim DeTienne (Mt)

John McClain (DHS)

Chris Bell (Vt)

Also Present

Leslee Stein-Spencer, NASEMSO
Staff

Joe Schmider Chair of the Domestic Preparedness committee, called the meeting to order at 8:45 a.m. and self-introductions were made.

Approval of April meeting minutes:

Motion was made and second to approve minutes

FEDERAL Updates and MUCC Triage:

Ray Mollers gave the federal update. Ray discussed some of the federal initiatives that DHS is working on. These include

- Human Trafficking: DHS is developing resources for EMS to help DHS to break the link I identify human trafficking. The resources will include medical and situational indicators for when EMS may respond to a home or hotels. It was asked if Ray could look into guidance for EMS personnel on what is legal for EMS to report?
- Replica: This initiative will assist with domestic preparedness. Currently there are 7 states that have passed laws and are hoping that by July 2017

there will be 10 states that passed legislation and at that time the commission will be formed.

- IED and Active e Shooter: Looking at how jurisdictions can work together and to develop response plans to mitigate these situations. This should include non-law enforcement stakeholders. In addition plan should consider t situations where there is a response by non-law enforcement personnel, if there is a need for ballistic protection, and what the cost would be. Arizona discussed their statewide mass shooting conference and will share information from the conference once it is posted.
- Canine care: DSH is reviewing the development of a guide for handlers for medical care of canines. This is something that secret service wants to move on. It will be a guide for EMS on how to treat canines in emergency situations based on EMS's scope of practice. Some states are already doing this to include Delaware which has veterinary EMT's and Ohio which passed legislation to allow for treatment of dogs and cats. Mel House will share Ohio's legislation.

Gam Wijetunge then gave the report on FICEMS. FICEMS last meeting was on August 4 th and Joe was also in attendance. There were 2 main action items: MUCC and the adoption of FICEMS statement on Mental Health and the Public Safety Community; both of which are posted on EMS.gov.

Joe stated that he also brought up during the FICEMS meeting the issue of EMS including travel history as a primary question for EMS to ask vs. a secondary one which it is now. FICEMS asked the Preparedness committee to review the issue and bring back recommendation at the December FICEMS meeting. No further discussion was had on that.

Also at the meeting there was a discussion on FICEMS providing technical assistance on emerging infectious disease like was done with Ebola. FICEMS sends timely guidance out for EMS, which is timely and streamlines duplication of information.

Ohio asked if there would be guidance coming out on heroin laced with fentanyl esp. for the risk it poses to EMS and law enforcement. Michigan stated they are looking at this and would forward any information that they develop. One of the biggest concerns on this is if the regular PPE that EMS is using provides enough protection.

Gam then announced that RFP's were out to updates the National Scope of Practice as well as the Agenda for the Future. The revised Agenda for the Future will include a section on preparedness.

The MUCC triage system was discussed next. Joe gave a brief history of the National Triage System including that approximately 75% of the states are using the START Triage Systems. There was a lengthy discussion on states changing to the SALT Triage system and using MUCC. There have been jurisdictions that have piloted using MUCC and Tulsa is currently conducting the pilot class now. There was a general consensus that most states have not changed over and needed to understand the reason why they should change from START to SALT. Michigan did state that most of their state was already being trained on SALT.

The 2012 resolution that NASEMSO passed was discussed and it was felt that this resolution did outline NASEMSO's concerns in changing triage systems. It was decided that the questions that were included in this resolution should be addressed by NHTSA. Gam announced that there will be a webinar to discuss SALT and MUCC and hopefully many questions will be answered. The committee felt that there was an education and communication gap on changing to the SALT system and using MUCC.

It was moved and seconded that a letter be sent by NASEMSO with the 2012 NASEMSO resolution to include the following:

- Address the concerns highlighted in the resolution including the provision of providing sufficient grants,
- coordination and support to states and local jurisdictions,
- how FICCEMS and its member agencies support studies on various approaches to mass casualty triage on the effectiveness of MUCC,
- how changing to this system will improve patient care esp. in light of previous incidents that have occurred in the last year.

In addition, NASEMSO should conduct a mini survey to find out if states are planning to change to the SALT triage system, the cost to roll this out and how it will be funded. There is grant money available for EMS but it is not mandated that the grant money be used for a nation or statewide triage systems.

Action items:

1. Ohio will provide a link for their legislation on EMS treating dogs and cats.
2. Michigan to provide information on their education and training on SALT
3. DP will recommend to the NASEMSO board that a letter should be sent along with the 2012 resolution to FICCEMS to ask for an update on unanswered questions
4. DP to request to the board that a survey be sent to its members to find out what states are doing about the SALT triage system and MUCC.

Sponsor Update: Emergency Products and Research: AMBU stat.

Jason Thompson presented information o AMBU stat a Bio-Decontamination system and how quickly the ambulance can be cleaned using this system.

After lunch the Medical Directors and Education Council along with the DP committee held a joint meeting in which NHTSA discussed a Learning Management System

New Business:

Office of Emergency Communications-DHS:

John McClain gave an overview of the National Emergency Communication Plan. Information can be found on www.publicsafetytools.info

Tactical Emergency Casualty Care:

Joe introduced Dr Rick Kamin who updated the group on his role in Tactical EMS Dr. Kamin provided an update on the following:

- ACEP's High Threat Emergency Casualty Care Task Force.
- TECC
- National TEMS Competency Domains.

ACEPS new task force has been formed. The purpose of the task force is a 2-year initiative to create a comprehensive strategy to address trauma care from point of injury thru definitive care in high threat emergencies. It involves the building and coordination of partnerships and resources in high threat emergencies'. The membership of the task force includes: EMSP, ASPR, International Association of Chiefs of Police, International Association of Fire Chiefs, NASEMSO, EMS-C, DHS, American Academy of Emergency Medicine, ACS-COT and the Committee for Tactical Emergency Casualty Care. Dr. Kamin will be representing NASEMSO on this committee and will keep the DP committee informed on progress. It was recommended that NAEMT be included in this task force. See attached power point presentation.

NTSB report and incorporation law enforcement in MCI's:

Both Dr Kamin and Dr Carol Cunningham joined the DP committee in this discussion and the review of the NTSB report from the Amtrak derailment in Philadelphia. There was a lengthy discussion on the issue of working with law enforcement at the scene of a MCI and whether or not law enforcement should be transporting victims. It was agreed upon that there needs to be a system and planning for rapid transport of patients but it is dependent on the community and available resources. The question becomes, is there any evidence that patient outcomes are better with rapid transport with law enforcement or are we increasing

the chaos? There is need to develop a process to evaluate these mass casualty situations including lessons learned. It was decided that the NTSB report in which they recommend that plans integrate rapid police transport of patients into the emergency medical response plan for large mass casualty incidents be referred to ACEP's new Task Force for their recommendations. Dr Kamin will bring it to the task force and report back to the DP committee on their recommendations.

Action item:

1. Dr Kamin will send recent publications to Leslee for distribution.
2. Dr Kamin will bring the NTSB recommendations to ACEP's task force for their review and recommendations.
3. Dr. Kamin will continue to keep the DP Committee updated on TEMS issues and initiatives.

Ebola and other High Consequence Infectious Disease Transports:

Leslee gave an update of this grant that was awarded to NASEMSO and will continue to update the group as plans are developed.

Old Business:

DP Preparedness Improvement Strategy:

This was tabled for a future meeting.

The DP Committee conference calls will be conducted every other month beginning in January 2017.

Adjournment

There being no further business, the Committee meeting concluded at 3:30 p.m.

Meeting record respectfully submitted by Program Advisor Leslee Stein-Spencer, R.N., M.S.