

From: Altenhofen, Katrina [IDPH] [<mailto:Katrina.Altendorf@idph.iowa.gov>]
Sent: Thursday, November 20, 2014 1:35 PM **To:** Dia Gainor **Subject:** FARE meeting update for the board

I wanted to update you on the FARE meeting that I was a part of a couple of weeks ago for the board retreat.

Pre-meeting a document was sent discussing the outcome of the FARE Anaphylaxis Summit:

(Our group will look at these areas of that document)

**Recommendations Arising from Emergency Treatment of Anaphylaxis
Summit Convened by FARE September 2014
Based on work of five committees**

I. Recognition of Anaphylaxis in the General Public – Recommendations

1. Social media video contest
 - ❑ Seek submissions from segments of the general public who are not necessarily connected to anaphylaxis
 - ❑ Require minimum of 3-4 key education points about anaphylaxis in each video
 - ❑ Awards ceremony at a national FARE event
2. Creation of a National Anaphylaxis Health Council
 - ❑ Comprising government agencies (CDC, NIAID), non-profits (Heart, Lung), commercial, pharma, professional orgs (ACEP, AAP, ACAAI, APhA, APHA, UCAA, NAEMSP, NAEMSE, ENA, AAAAI, Citizen Preparedness Training Corps)
 - ❑ Goals to keep anaphylaxis management in the discussion in non-traditional groups
3. Post-discharge action plan to reach underserved, inner-city populations to include:
 - ❑ Follow-up calls to ensure EAI prescription was filled and that they are being seen by an allergist (mobile integrated health care/community paramedics)
 - ❑ General outreach to at-risk community via local pharmacists, urgent care, and grocery stores
 - ❑ Teen health rooms (Seattle model)
4. Insert anaphylaxis recognition and management into mandated required health certification courses (BLS, ACLS, PALS)
 - ❑ Onset of symptoms or call to 911 to drug time vs “door to needle”
 - ❑ Incorporate age appropriate awareness education for peers into schools or web media

II. EMS Policy & Protocols- Recommendations

1. Work with the National Traffic Highway Safety Administration set standards for EMT knowledge and competencies
 - ② NHTSA defines skills level required for EMTs. An update to these core competencies is overdue
 - ② Facilitate coalition of stakeholders to urge DoT to begin revision process
 - ② Urge Congress to emphasize the need for revisions
 - ② Goal is for all levels of EMT to be competent in identifying anaphylaxis and administering epinephrine
2. State Policy – Work to influence state policy as a precedent for wider adoption of updated NHTSA guidelines
 - ② Develop resources to help states educate their own EMS policy makers
 - i. Model protocol
 - ii. EMS / Anaphylaxis Toolkit
 - iii. Web-based training
 - iv. Association Conferences – National & State
 - v. Speakers' Bureau
 - ② Include liability issues as part of content
3. Develop data collection process to measure uptake at federal and state programs
 - ② Also develop library of case studies
4. Federal legislation providing for stocking in federal facilities (such as AEDs)
5. Develop multi-platform marketing campaign with industry insiders (summit attendee organizations)

III. EMS Education & Training - Recommendations

Overall Goal – To identify strategies that should be employed to improve EMS education and training. One year, three year and five-seven year goals.

Year one

1. Address core curriculum of EMT training and usage authorization
2. Maintain partnerships initiated at this summit
3. Develop standard definition of anaphylaxis signs and symptoms, including biphasic and delayed reaction.
4. "Epi First – Epi Fast"

Three years

1. Address revisions to core documents from allied organizations, including: National EMS Core Content- 2005; ACEP; ACS Committee on Trauma; American Academy of Pediatrics; Emergency Nurses Association; National EMS Scope Of Practice- 2007; NAEMSE; NAEMSO; National Education Standards- 2009; ② NEMSEA

Five to seven years

1. Data collection to see changes in training protocols and changes in EMT behavior

- ❑ Partners to include ACEP, NHTSA, NAEMS State Officials, NAEMS Physicians, American Academy of Pediatrics, NEMSEA, dispatch systems
- ❑ Work with National Registry of EMTs and NEMSIS

MEETING NOTES:

1. Introductions

2. FARE update on progress since the summit

- Good participation at the ACEP conference with the Anaphylaxis Tool Kit
- Discussion with some of the donors at the summit to help create greater awareness; social media; do a crowd source media campaign

3. Review of recommendations document and prioritization discussion

Focus on sections 1-3 of this document (although we always welcome your thoughts on every area)

I suggested that they do not forget about Mobile Integrated Health (shot down by Gabe and Jim or Jeff as there is not many agencies doing this) They want to move the model of patient follow-up to the hospital task force completely.

Much discussion on updating the NHTSA Education Standards and Core Competencies

Need to assure the definition for anaphylaxis is known to all and is what is utilized in development of protocols

Thinking of having a booth or educational session at national EMS Medical Director's conference

SO I have yet to have a one-one conversation with Jennifer as she requested on that call to get a better grasp on "EMS." I stated that the work this committee is looking at actually cuts across three of the NASEMSO council's and that I would try to shepherd the various discussions to those council's as needed.

That is all for now unless you have any questions or clarifications you would like-

Kat

Katrina Altenhofen EMS for Children Program, Bureau of Emergency and Trauma Services | Division of Acute Disease Prevention, Emergency Response and Environmental Health | Iowa Department of Public Health | 321 E. 12th St | Des Moines, IA 50319 | Office: 515-344-1618| Katrina.Altenhofen@idph.iowa.gov

Promoting and Protecting the Health of Iowans