

Position Statement

on

The National Academies of Sciences, Engineering, and Medicine Report
A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury

Adopted

December 10, 2017

at the

International Association of Emergency Medical Services Chiefs Annual Leadership Summit

in

Washington, District of Columbia
United States of America

The members of the International Association of Emergency Medical Services Chiefs and other interested parties assembled in Washington, DC on December 8 for the Annual Leadership Summit. We have had two days of presentations on and discussion of the 2016 National Academies of Sciences, Engineering, and Medicine Report, A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury and its conclusions.

As Emergency Medical Services leaders and stakeholders, we find ourselves in agreement on several recommendations to advance the goal of "zero preventable deaths" in the prehospital setting.

1. Evidence-based interventions demonstrated to improve trauma outcomes, such as rapid administration of blood products, should be made available in all prehospital trauma treatment settings.
2. Create opportunities for all prehospital providers to gain specific trauma treatment skills and experience including through funded exchanges between the military and civilian sectors and rural and urban settings.
3. The Recognition of EMS Personnel Licensure Interstate Compact should be broadly adopted as a step to more uniform and integrated response, standards, and quality of trauma care throughout the nation.
4. Designate leadership with clear and comprehensive authority over and responsibility for the U.S. government's relationship with the Emergency Medical Services sector. The designated leadership should have sufficient resources to execute its mission.
5. The military uses the civilian trauma system for product innovation. The civilian trauma system should more quickly adopt the conclusions and products that come out of those collaborations.
6. Emergency Medical Services agencies and researchers should have access to relevant patient care data and EMS providers to their patients' complete care records, including outcomes.
7. Emergency Medical Services agencies and their partners should be supported to ensure immediate responders, including the public, are trained and equipped to stop traumatic bleeding.

Adopted by the Members and Interested Parties Present

Dave Baldwin, Int'l Association of EMS Chiefs, Colo.
Eric Bank, Int'l Association of EMS Chiefs, Tex.
Adam Blitz, Int'l Association of EMS Chiefs, Calif.
Paul Brennan, Int'l Association of EMS Chiefs, Mass.
James Brothers, Int'l Association of EMS Chiefs, Md.
Tabatha Butcher, Int'l Association of EMS Chiefs, Fla.
Chris Callsen, Int'l Association of EMS Chiefs, Fla.
Lori Cherry, Charles County EMS, Md.
Scott Cormier, Int'l Association of EMS Chiefs, Ind.
Steve Cosby, Koronis Revenue Solutions, Tex.
Kristen Cosby, Koronis Revenue Solutions, Tex.
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Cam Crittenden, Virginia Office of EMS
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Jim Manson, Int'l Association of EMS Chiefs, Ill.
Robert McCaughan, Int'l Association of EMS Chiefs, Pa.
Robert McClintock, Int'l Association of Firefighters, D.C.
Terrence McGregor, Int'l Association of EMS Chiefs, Va.
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