



NASEMSO Medical Directors Council

January 4, 2021, 1:00 PM ET

Meeting Record

Attending – George Lindbeck (Chair), Jon Burstein (MA), Matthew Sholl (ME), Michael Kaufmann (IN), Gail Bradley (AZ), Tripp Winslow (NC), Joey Scollan (NH), Jeff Beckman (CO), Kate Zimmerman (ME), Jon Krohmer (NHTSA), Riccardo Colella (WI), Dan Wolfson (VT), Richard Kamin (CT), Bill Fales (MI), Sharon Malone (TX), Doug Kupas (PA), Carol Cunningham (OH), Ken Williams (RI), David Lehrfeld (OR), Jason Kegg (IL), Dia Gainor (NASEMSO), Mary Hedges (NASEMSO), Hannah Degn (NASEMSO)

Call to Order, Welcome, Self-Introductions – Dr. George Lindbeck called the meeting to order at 1:05 PM EST.

Approval of November 2nd Meeting Record (attached)- The meeting record was approved as submitted.

Prehospital Ketamine Survey Results (attached) – Dr. Lindbeck explained that the survey was done due to the many inquiries and controversy surrounding prehospital ketamine use, largely due to its use in conjunction with law enforcement to sedate agitated patients. Of the 43 states responding, all indicated ketamine was used by EMS. Dr. Kamin was concerned about the opposition from the anesthesiologists about EMS using ketamine. Dr. Winslow stated that North Carolina obtained support from physicians. Dr. Beckman said the joint position statement initiated by NAEMSP has been helpful in Colorado.

Interfacility Transport Position Paper – Dr. Lindbeck reported the NASEMSO Board of Directors is interested in hearing from the other affected councils, but there was general support for the paper at last month's Board meeting. It has been distributed to the Trauma Managers, Personnel Licensure, and Pediatric Emergency Care Councils and they were asked to provide comments by January 7th. Dr. Lindbeck offered to share any comments received with the MDC.

NHTSA OEMS Update – Dr. Jon Krohmer expressed his appreciation of being able to participate in these calls as they have been very helpful. He said they are looking at ways to improve understanding within the public health community that EMS can assist in the administration of the COVID vaccinations. The concern about extended offload times for EMS at hospitals has continued. They are looking at whether there is a need to update the National EMS Scope of Practice Model to include vaccinations and/or infusion of monoclonal antibodies at the EMT level.

EMTs as Vaccinators by State (mini survey results attached) – Dr. Michael Kaufmann gave an overview of the EMS vaccine experience in Indiana and the results of his recent mini-survey. Indiana has been vaccinating about 7,000 people/day through December 29th; however to

reach 27,000 people/day (the estimate for achieving herd immunity), they will need many more vaccinations to be administered. He believes this is where EMS can help. Dr. Cunningham cautioned that while EMTs may be giving IM injections, such as epinephrine, with auto injectors, they are not typically trained to draw up medications in a syringe. Dr. Winslow commented it would be good to see more coordination at the state and national level with involving EMS in the vaccination effort. Dr. Kupas said he was opposed to changing the National EMS Scope of Practice Model to include vaccination by EMTs primarily because the scope is meant to be a “floor” which would require all EMTs to be trained and tested on any skill included. We may regret adding more to the training and testing requirements. Also, this may result in EMTs getting pulled into performing these functions with no funding. Dr. Cunningham agreed noting that the scope of practice is determined by the state. Dr. Kaufmann agreed and said he sees it as temporary. Dr. Sholl said that Maine allows EMTs to vaccinate as long as paramedics are on site to respond to anaphylaxis. He agreed that EMS should be mindful about becoming the lowest cost alternative and becoming overwhelmed. Dr. Krohmer thanked everyone for the discussion and noted that he believes EMS will be involved in vaccination before the pandemic ends. Dr. Lindbeck said Virginia has not needed EMS to vaccinate to date, but he sees this as a possibility.

Project and Committee Updates – Various Members

- Pain Management EBG Project – Dr. George Lindbeck reported that the project is moving along according to schedule. The EBG paper is due in May.
- NEMSAC Update – Dr. Peter Taillac was not available to report.
- NASEMSO National Model EMS Clinical Guidelines, Version 3 – Drs. Carol Cunningham and Richard Kamin shared they had their first meeting last month. They are awaiting appointment of representatives from the collaborating organizations.
- Prehospital Guidelines Consortium – Dr. David Lehrfeld said they have completed their bylaws and elected officers.
- Joint Commission Cardiac Certifications Technical Advisory Panel (new)– Dr. Doug Kupas said this is a new group that will be developing criteria for accrediting PCI Centers. They have not met yet.
- NASEMSO/USFA Responder Pandemic Continuity of Response Operations (new) – Dr. Lindbeck shared the request received for two members of the MDC to participate in this project. Dr. Elwin Crawford expressed interest and Dr. Cunningham is willing to serve as the alternate.

Other Matters of Interest – Dr. Lindbeck shared that Ross Megargel has retired after 22 years as state EMS medical director for Delaware. We have not been advised of his replacement.

Next Meeting – March 1st

Adjourn – The meeting adjourned at 1:56 PM EST.

The meeting record was respectfully prepared by NASEMSO Program Manager Mary Hedges with editorial assistance from Dr. Carol Cunningham, MDC Secretary.