



NASEMSO Medical Directors Council

March 3, 2014

Meeting Record

Attending: Joe Nelson, Chair (FL), Rick Alcorta (MD), Howard Backer (CA), Elwin Crawford (AL), Carol Cunningham (OH), Joe Holley (TN), Rich Kamin (CT), David Lehrfeld (OR), George Lindbeck (VA), Julia Martin (KY), Brian Moore (NM), Peter Taillac (UT), Ken Williams (RI), Dan Wolfson (VT), Mary Hedges (NASEMSO Program Manager)

Call to Order and Roll Call – Joe Nelson, Chair, called the meeting to order at 1:05 PM, and welcomed those attending in person (Alcorta, Crawford, Cunningham, Hedges, Lindbeck, Taillac and himself) in Orlando and those attending by teleconference.

Approval of January 15 Meeting Minutes – The January 15 meeting record was approved without changes.

NASEMSO Drug Shortages Summit, March 5 – Mary Hedges reported there are 22 registered for the EMS Drug Shortages Summit to be held on Wednesday, with room for a few more same day registrations. Speakers include Erin Fox from the Utah Office of Drug Policy, Dr. Jim Augustine, Chief Cory Richter, and our own Carol Cunningham and Peter Taillac.

Compilation of Blast Injury Training Resources – Mary Hedges reported that Leslee Stein Spencer and Kathy Robinson (NASEMSO staff) developed a webpage which provides links to a variety of resources for blast injury training. She asked all to review it at [Domestic Preparedness Training Opportunities](#).

Fentanyl-Laced Heroin – There have been reports of fentanyl-laced heroin in certain pockets of the country. See [killer-heroin-causing-fatal-overdoses-in-east](#) and [deadly-heroin-painkiller-mix-all-over-pittsburgh](#). Rick Alcorta reported Maryland has experienced increased fatalities from heroin overdoses from this problem. The state is tracking the deaths and has implemented civilian use of naloxone, primarily administered inter-nasally or IM. In past years, heroin was cut with scopolamine and the administration of naloxone caused seizures. Carol Cunningham reported that due to several deaths in Ohio, legislation is underway to allow family members to obtain and administer naloxone. She was able to convince legislators to add language requiring pharmacists to prioritize EMS in the distribution of naloxone, regardless of shortage status. Ohio added the administration of naloxone to the EMT scope of practice. She offered to share their training resources, which can be found at ems.ohio.gov/ems_naloxone_education. In Connecticut, there is concern that overdose patients will have bad outcomes from naloxone administration if the heroin is cut with scopolamine, according to Rich Kamin. Julia Martin asked if any places are treating patients with naloxone without transporting. David Lehrfeld said Oregon has implemented lay person intervention with naloxone due to prescription opioid abuse. Unfortunately, the new law allows lay people to administer the antidote while EMTs are not allowed. They are changing the scope of practice to allow EMTs to use naloxone, but it is about a year-long process.

Federal Partner Updates – There were no federal partners on the teleconference.

Regional Representatives Reports – There were no regional representative reports.

Project and Committee Updates – Various Members

- **Model EMS Guidelines Project**– Carol Cunningham reported the draft Model EMS Guidelines will be released March 18 and the public comment period will run through April 30. The final face-to-face work group meeting will be in Washington, DC, May 7 and 8. Rick Alcorta commented that the meetings have been well-run and thanked Mary Hedges.
- **Statewide Implementation of a Prehospital Care Guideline** – Peter Taillac reported they are in the process of implementing a tool for the pain guideline. They expect to be in the implementation phase in 6 to 8 weeks.
- **NAEMSP Evidence-Based Guidelines (EBG) Strategy Project** – Carol reported that she, Peter Taillac and Doug Kupas participated in the project meeting in January that was held at the NAEMSP meeting.
- **Joint Trauma Committee** - David Lehrfeld will be attending the Joint Trauma Committee meeting in Chicago in April for their first meeting. He offered to share the agenda with others when he receives it.
- **PAD Policy Advisory Committee** – Sarah Nafziger was not able to participate in today’s call to report (although it is not believed that this project has started because the grant has not yet been awarded).

Hartford Consensus - Revisited – Joe Nelson asked the Council to revisit its recommendation on the endorsement of the Hartford Consensus. Currently, NASEMSO is not listed as endorsing the document based on the Council’s recommendation. In September, the Council recommended the NASEMSO Board endorse the document with the condition that language be amended to strengthen concerns for the safety of EMS personnel who respond to potentially dangerous crime scenes. Rich Kamin, who was at the last meeting when the consensus document was being finalized, clarified that organizations were being asked to endorse the document as is. Carol commented that the Hartford Consensus was on the agenda at the active shooter event at the White House that she and Rich Kamin attended last month. There was significant discussion of personal protection for the first responders at these events, including lay people who first respond. Rich Kamin added that while he understood the concerns about safety of EMS personnel, he feels that there is some utility for NASEMSO to sign onto the document. While the findings of the Hartford Consensus are not novel, in his opinion, the document is drawing attention to the fact that there are some simple interventions at such scenes which can make a difference. Howard Backer shared that California has developed training guidelines for police officers. They partnered with their emergency management and fire counterparts in developing the training standards. They include such items as tourniquets and hemostatic dressings, but they seem to have unrealistically high expectations about these tools. Rick Alcorta commented that in spite of the Council’s objection to the inattention to EMS safety in the document, the Hartford Consensus has accomplished two things: 1) It has called attention to the issues; and 2) It has identified appropriate interventions. He added we

should be actively engaging our public safety colleagues and assist in the development of guidelines for these events.

Joe Nelson asked for direction from the Council to offer to the Board which meets later today.

ACTION: Peter Taillac moved that the Medical Directors Council recommend the Board endorse the Hartford Consensus and suggest that NASEMSO be included in future meetings of the organization and subsequent revisions, if any. The motion was seconded by Rich Kamin. Motion passed.

Other – Rick Alcorta reported that the Executive Director position of the Maryland Institute of EMS Systems (MIEMSS) is not yet filled and its board has extended the application period. Rick has been serving as acting co-executive director with Pat Gainor since the retirement of Bob Bass, but it has been challenging. When asked why he was not applying, Rick said he enjoys what he does and believes changing his role at this point is not in his or the agency's best interest. Rick said the applicant is required to be a physician and an emergency physician is preferred. He offered to send the link to the position announcement.

The meeting adjourned at 2:20 PM.

The meeting record was respectfully prepared and submitted by NASEMSO Program Manager Mary Hedges.