



NASEMSO Medical Directors Council

November 3, 2014

Meeting Record

Attending: Peter Taillac, Chair, Rick Alcorta (MD), Tim Cathey (OK), Carol Cunningham (OH), Rich Kamin (CT), Doug Kupas (PA), David Lehrfeld (OR), Sarah Nafziger (AL), Joe Nelson (FL), Curtis Sandy (ID), Matt Sholl (MA), Harry Sibold (MT), Steve Vetrano (NJ), Ken Williams (RI), Dan Wolfson (VT), Cathy Gotschall (NHTSA), Rachael Alter (NASEMSO Program Manager), Mary Hedges (NASEMSO Program Manager)

Call to Order and Roll Call – Dr. Peter Taillac, Chair, called the meeting to order at 1:02 PM EST.

Approval of October 6-7 Meeting Minutes – The October 6-7 Meeting minutes were approved.

Wildland Fire and EMS Licensing – Rachael Alter (NASEMSO Program Manager) and Dr. Curtis Sandy (ID EMS Medical Director) presented information and challenges regarding the licensing of EMS personnel who respond to wildland fires in various states. Rachael opened the discussion explaining that she is a member of the Emergency Incident Medical Subcommittee of the National Fire Coordinating Group. With the federal wildland fire response comes the movement of EMS personnel across state lines. Dr. Lehrfeld had previously asked her about the Limited Request for Recognition (LRR) form. The LRR is intended for an EMS provider to use to let the home state know when an out of state provider is operating there as part of a wildland fire response. Dr. Sandy said that Idaho has defined the LRR in rule allowing an out of state EMS provider to practice in Idaho in limited circumstances (although there is no immunity protection). It is hoped that if enough states adopt the interstate compact for EMS personnel, there will not be the need for the LRR. Utah exempts the federal government from state licensing requirements and it is a non-issue there. Recently the federal government (U.S. Forest Service) has decided to license their own EMS personnel (via the National Registry) and ignore state licensure requirements. There are embedded medical personnel who are federal employees that are firefighters and usually licensed as EMTs. If there is a larger scale incident, they bring in outside contractors who provide medical service for the firefighters and others on the scene. They also do not have in-state medical direction and are trying to find a mechanism to use federal physicians (possibly DHS physicians). Another concern is the use of narcotics without medical direction within the state. Dr. Sibold added that he spoke with two DEA lawyers last week who firmly stated that the use of narcotics without a state licensed medical director would be in violation of federal law. Dr. Taillac suggested the DEA topic be placed on the agenda for the next meeting.

Ebola Resources and Update – Dr. Taillac said Ebola has occupied the majority of his EMS time during the last two weeks. Rick Alcorta reported he has been incredibly engaged in Maryland. All air transports from specified countries are now going to five designated airports and actively screened. Each of the 5 airports must have processes in place. In Maryland, every emergency department must have processes in place to screen patients. They have activated their EMD screening for Ebola and have educated their dispatchers to identify the signs and symptoms. Maryland is one of 13 states that have the labs with the ability to confirm Ebola. EMS providers are not always well-informed about West African geography

resulting in over screening of people traveling from various locations. Rich Kamin reported that in Connecticut they are instituting a practice that suspected Ebola patients are screened by trained public health officials in order to minimize unnecessary exposure to EMS. Dr. Cunningham asked how people are handling the individual patient who is extremely ill? Steve Vetrano said that those who are being monitored for Ebola should not have to call EMS even if they have confirmed the disease. Hospitals are already concerned they do not have enough PPE. There was discussion about how to decontaminate an ambulance within 12 hours. Dr. Lehrfeld said Oregon currently has 7 patients who are being monitored for Ebola. EMS moved quickly to be prepared, but hospitals seemed to be paralyzed.

Mary reported that NASEMSO has an opportunity to provide written testimony on EMS needs for the Ebola response at a Senate Appropriations Committee Hearing on Nov 12, which was called to exclusively deal with the government's Ebola Response. She asked members to send real life examples of what they are experiencing and what is needed for proper EMS response.

AAP COPEM Pediatric Trauma – Comments Requested (due to Mary Nov 10) - The American Academy of Pediatric, Committee on Pediatric Trauma is updating its policy statement on Management of Pediatric Trauma and seeking comments. The draft statement was previously mailed to members with a request for comments. Mary asked members to submit any comments they have to her by November 10 and these will be collated with comments from the Trauma Managers Council and Pediatric Emergency Care Coordinators Council.

Federal Partner Updates – Cathy Gotschall (NHTSA OEMS) reported that Drew Dawson and Gam Wijetunge from the NHTSA office have been actively involved in gathering information and preparing responses in relation to EMS and Ebola.

Planning for January 21 Meeting, NAEMSP, New Orleans – Agenda items suggested include the DEA Issue and Ebola. Doug noted that the DEA will be meeting with individuals at ACEP EMS Committee who will be meeting at NAEMSP and wondered if we may want to invite them to the MDC meeting. Dr. Sibold will obtain the contact information so that Mary can invite them. After discussion about trying to allow people to attend at least the morning session of preconference events, it was decided to move the meeting to 12:00 to 7:00 PM on Jan. 21.

Regional Representatives Reports – Drs. Cady (Martin), Kamin (Suozzi), Nafziger (Nelson), Sibold (Lehrfeld). Rich Kamin reported that at the Annual Meeting, there had been a request to include the medical directors in the regional meeting calls. Mary responded that the regional representatives and alternates are now being added to the meeting invitation, but Dr. Kamin and others felt all medical directors should be invited.

Project and Committee Updates – Various Members

- **Model EMS Guidelines Project-Next Steps** – Rich Kamin mentioned that at the last meeting it was decided to organize a subcommittee to maintain the clinical guidelines. He suggested developing a tool to track how it is being used and to hold discussions on suggestions for improvement (e.g, chat room or discussion board). Harry suggested creating threads by topic. (ACEP has done this.) It is essentially a blog with different threads by topic. It is different than a listserv where all members receive every response; instead, one must sign up for the topic thread of interest.

- **Joint Trauma Committee** - David Lehrfeld will be compiling comments in regard to the State Performance Measures for the Joint Trauma Committee. He has received responses from two members and urged others to submit their comments to him within the next two weeks.

Adjourn - The meeting adjourned at 2:30 PM EST.

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