National Association of State EMS Officials
Medical Directors Council (MDC)
October 6-7, 2014

Cleveland Public Auditorium
Cleveland, Ohio

Meeting Record

Attending: Joe Nelson, Chair (FL), Peter Taillac (UT), Matt Sholl (ME), Stephen Vetrano NJ), David Lerhfeld (OR), Paul Hinchey (NAEMT Liaison), Joe Holley (TN), Carol Cunningham (OH), Ken Williams (RI), Harry Sibold (MT), Brian Moore (NM), Rick Alcorta (MD), Sarah Nafziger (AL), Jim Souzzi (NH), Rich Kamin (CT), Curtis Sandy (ID), George Lindbeck (VA), Doug Kupas (PA), Brian Froelke (MO), Julia Martin (KY), Tim Cathey (OK), Chuck Cady (WI), Maxwell Osei-Ampofo (EMS Fellow, Toronto) Mary Hedges (NASEMSO Program Manager), Drew Dawson (NHTSA OEMS), Cathy Gotschall (NHTSA OEMS), Paul Pepe, Christian Martin-Gill (Presenter)

Call to Order /Welcome / Introductions – Dr. Peter Taillac, Chair-Elect, called the meeting to order at 8:50 a.m. Attendees introduced themselves.

Review/Approval of Meeting Minutes – The July 7th meeting minutes were approved.

Welcome from Host – Dr. Carol Cunningham (OH) invited members to dinner at 6 PM at the Foundation Room at the House of Blues, where special entertainment has been arranged for the MDC members and NASEMSO staff. Austin Walkin' Cane, internationally known blues guitarist from New Orleans will be performing.

Update/Discussion on the Use of Naloxone (NASEMSO Issue Brief) – Members shared their experiences and opinions on this controversial issue. While there have been lives saved from adoption of laws and programs providing for easier access to naloxone, grave concerns remain about the dangerous, unanticipated side effects that can result from naloxone administration without appropriate training and experience. This is especially concerning in light of the rush to adopt a public naloxone program by policymakers in nearly all the states due to the public pressure to do so. Highlights of the discussion included:

- NM has had public naloxone program since 2001 – can get through medical offices and state pharmacy for laypersons. NM medical board is looking at expanding their program and report good successes. State Police has medical direction through the University but are resistant to doing this.
- RI has had something in place since the early 2000's as well. Have given away kits but their only metrics to track are people returning for new kits. Claim for success are people coming back for more. State Police and EMT-Basics have had it for 10 years. Ken anecdotally has not seen any patients in the ED who have received layperson naloxone. Narcan kits are available without a prescription (the Director of Health writes a blanket prescription.)
- OH now allows at all scopes of practice. Training has been developed and posted on Ohio's website. Carol has fielded many phone calls from states that are vetting legislation. Police departments are talking to Dr. Cunningham and some are pushing back. Carol wonders in a climate with little funds if CPR training is more important. New Law in OH – if someone is in the ED for analgesia, the ED physician has a limit on the

number of days/pills they can prescribe. Also removing the pain score from the Press-Gainey scoring.

- CT also expanded to all scopes and have immunity when delivered by lay persons and non-medically trained providers. Legislation was pushed by mental health advocates but has been pushed out very quickly, at the loss of coordination and thoughtfulness and are running into difficulties with getting the medications (lacking relationships with physicians, lack of indemnity for prescribing physicians, etc.)
- Rick Alcorta asked if there is evidence to suggest safety, especially in the situation in which naloxone provided but no EMS response? Carol Cunningham knows of 2 cases of death after provision of naloxone when given by layperson. Some literature discussing no identified deaths in patients receiving lay person Narcan from a county wide medical examiner's office. Issues about this paper discussed.
- Concern expressed about purposeful bypass of state EMS medical directors in the vetting and consideration of these laws.
- Discussion about lobbying groups practicing medicine through legislation.
- Discussion about the value of primary prevention rather than tertiary prevention.
- Discussion about preventing the legislation from affecting scope of practice or medicine and affecting the EMS rules. Also concern about offices of EMS being told to provide training for police and others.
- Discussion about needing data vs. anecdote to drive this conversation. Carol discussed the need for data on outcomes (discusses one case of young girl – Narcan – vomiting and aspiration – long admission/ventilation – and this discussed as a success vs. just airway support and transport). Brian Moore notes 500 deaths/year in NM from opioids and does have some data on outcomes. CDC discusses 10,000 saves (but no definition of "save").

NASEMSO Update – Jim DeTienne, President, thanked the Council for their work. He urged members to continue to use the strategic work plan as a guide, updating it as necessary. Jim announced that NASEMSO has recently been awarded a comprehensive new project from NHTSA, known as the Performance Measures Project. More will be presented on the new project later in the week. Regarding Community Paramedicine/Mobile Integrated Health programs, Jim asked medical directors to continue working on the EMS medical director oversight component. Discussion followed about cataloguing these activities and creating linkages between states looking to learn more about implementing MIH programs.

Hot Topics - The issue that dominated the discussion was the Ebola crisis and the U.S. response. Several members commented on the mixed messages surrounding Ebola, especially around PPE and the guidance vs. the CDC's specific practice. Rick Alcorta commented that the take home message is that EMS has adequate training and equipment, but needs to consider the doffing. EMS should emphasize the CDC checklist and the downstream waste list as well as the donning and doffing practices. Ken Williams noted issues with vendors who have refused to take red bags from PUI patients. Discussion occurred about when to initiate EMD screening. Screening in the ED's recommended but the CDC guidance is to hold on screening at EMD until a case arises in the community. Discussion took place about the US Public Health response to the Ebola crisis in West Africa and the increased response over the past week in particular as an effort to assist in the management. There was further discussion about the risk from a WMD/terrorism standpoint. Rick Alcorta is looking for best practices on donning and doffing. He

has not found the perfect resource yet and is therefore building something at the MD level. He is willing to share it across with the Medical Directors Council.

NASEMSO National Model EMS Clinical Guidelines – Drs. Carol Cunningham and Rich Kamin, Co-PIs, announced that the recently completed Model EMS clinical Guidelines have now been posted on the NASEMSO website. The next question is how to update and maintain the guidelines in the future. Dr. Nelson suggested a creating an ad-hoc committee to continue work on the project.

Project and Committee Updates:

- Statewide Implementation of an EBG Project – Dr. Matt Sholl reported that the Statewide Implementation of an EBG project that he and Dr. Taillac are leading is starting its third year.

- CoAEMSP Update – Peter Taillac (UT), George Hatch, CoAEMSP Executive Director, reported provided an overview of CoAEMSP's work in regard to accrediting paramedic education programs. January 1st 2014 was the deadline for paramedic programs to be accredited.

- Joint Trauma Committee (Performance Imp. Measures) – Dr. David Lehrfeld (OR) serves on the Joint Trauma Committee which is a comprised of members of NASEMSO and the American College of Surgeons–Committee on Trauma. The Performance Improvement Measures project is an effort to define trauma quality control indicators.

- CECBEMS – Dr. Joe Holley reported that Liz Sibley will be retiring after 16 years as Executive Director of CECBEMS. Jay Scott will be the new executive director, effective November 7.

- AAP-COPEM – Dr. Brian Moore reported that he and Manish Shah submitted a request and were approved by the American Academy of Pediatrics-Committee on Pediatric Emergency Medicine to write a new policy statement on Guidelines on Care of the Pediatric Patient in the Prehospital Setting. ACEP and NAEMSP are involved and NASEMSO MDC will have a chance to endorse this—probably two years from now.

MDC Meeting at the NAEMSP Meeting – Dr. Nelson asked members if they wished to continue meeting at the NAEMSP meeting in January or if there was another venue that would be preferred for the mid-year meeting of the council. After extensive discussion, the members voted to continue meeting the Wednesday before the NAEMSP meeting begins.

Role of State EMS Medical Director Joint Position Statement – Joe Holley distributed a copy of the current position statement which will reviewed for revision/approval at the upcoming ACEP meeting. He asked members if there were suggestions for edits. Discussion included clarification about the authority of the state medical director as well as adding a preference for board certified in Emergency Medical Services (or Emergency Medicine). Edits were made. Motion passed to present the edited document to the Board of Directors for approval.

MDC Strategic Plan: Review of Progress; Suggestions for the Future – Dr. Joe Nelson reviewed the progress made on the 2014 Strategic Plan. Suggestions were made for updating the plan for 2015.

State Reports – Due to limited time, Dr. Nelson asked that state reports be limited to highlights from those who wish to report.

Maine – Dr. Sholl said they have begun to mature a state based QI committee and for the first time have been able to determine the state OHCA survival rate (10% all rhythms/22% VF/VT). Next steps will be pushing out various educational efforts surrounding high density CPR/Incident Command for OHCA, documentation as well as engaging with lay people. Also, they are beginning protocol review process, which is exciting this year because of involvement in the PEGASUS project. They are reconciling the differences between Maine protocols and PEGASUS, most notably the spine management changes.

New Jersey – Dr. Vetrano reported that the NJ BLS Subcommittee completed protocol development for skills in the National EMS Education Guidelines, as well as updating protocols for all existing skills. The MICU Advisory Council is working on a High performance CPR protocol and a New Jersey based Resuscitation Academy, which is to supplement previous work with a statewide Termination of Resuscitation protocol. The EMS Council of NJ endorsed the Traffic Incident Management concept and course in hopes it will spur on EMS support for the project in the state.

Oklahoma – Dr. Cathey reported that Oklahoma now has authority to fine EMS agencies up to $30,000 for agencies that fall too far behind in data submission. Data quality has improved greatly.

Oregon – Dr. Lehrfeld said Oregon greatly increased its uploading of data files after some work by ImageTrend. They hired Josh Legler to assist with data collection. The state's providers are requesting legislation to adopt the interstate compact (REPLICA) and they are seeking other states that are also adopting the legislation.

Maryland – Dr. Alcorta said they are uploading EMS data into the CARES system.

Missouri- Dr. Froelke reported that Missouri passed a statute on community para-medicine and they are now writing rules. Also, he offered to share his experience with response to the Ferguson demonstrations with anyone who is interested.

Pennsylvania – Dr. Kupas said that the new compression only high-performance pit crew CPR protocols took effect July 1 2014 in Pennsylvania. The state's HeartRescue Project also trained over 700,000 people in hands-only bystander CPR. When comparing 2012 CARES survival rates to 2014, there was a 19% relative increase in neurologically intact survivors. When extrapolated to the state, this is approximately 167 additional neurologically intact survivors in 2013.

Recess until following day – The meeting recessed at 5:00 PM.

Reconvene –Dr. Joe Nelson, Chair, reconvened the meeting at 8:45 a.m. on October 7th.

New Members – Introduction by Colleagues, Questions, Words of Wisdom

- Joe Nelson introduced Steve Vetrano, who was appointed as New Jersey's state medical director during the past year. Joe has known Steve from his involvement with ACEOP.

- Rich Kamin introduced Jim Souzzi, State EMS Medical Director in New Hampshire. Jim was an EMS Fellow in his earlier years.

- Dr. Chris Martin-Gill was introduced. He is the PI for NAEMSP's EBG Strategy Project and will be speaking later today.

Lessons Learned on the Battlefield: Impact on Prehospital Trauma Care at Home – Drs. Peter Taillac and Tim Cathey, veterans of the Iraq and Afghanistan wars, discussed how lessons learned by the military have led to improved outcomes for victim of traumatic injuries. Dr. Taillac shared slides from his deployments to Iraq and Afghanistan, where he served six-month assignments in the hospitals during the wars. He was stationed in the only hospital in Iraq with an MRI. He commented that the military medics are focused on hemorrhage-control and that airway management is de-emphasized because it is not practical in the field. Dr. Cathey shared slides from his experiences while deployed to both Iraq and Afghanistan as a member of the Air National Guard.

Dr. Richard Kamin presented **Tactical Combat Casualty Care (TCCC)** and **Tactical Emergency Casualty Care (TECC)**, which are based on lessons learned in combat care. TCCC is based on evidence gleaned from an overall young and healthy military combat population and is geared toward the **military**. TECC is Tactical Emergency Casualty Care, evolved from TCCC, but is based on **civilian** care.

Joint Meeting with State Directors and Educ & Prof Standards (EPS) Council: Implementing the EMS Education Agenda for the Future – Dan Manz, facilitated this joint meeting with for the purpose of members sharing their state's experience with implementing the new provider levels adopted as part of the EMS Education Agenda. Of particular interest was how the Advanced EMT was being utilized, with several states reporting there not being a need for this level.

Federal Partner and Liaison Updates

- Paul Hinchey, MD, NAEMT, reported on 4 of NAEMT's current initiatives: 1) The EMS Field Bill now has 33 sponsors in the House and was recently introduced in the Senate. It will be reintroduced in 2015. IAFC has some objections, which NAEMT is trying to address with them. 2) EMS Workforce – NAEMT has been working on refining the definitions. 3) NAEMT has sent a letter to FFA in support of the safety recommendations that were issued a few years back, but seem to be stalled. 4) Mobile integrated Healthcare – NAEMT is working to educate providers; they have recently produced a video which is on their website.

- Elizabeth Edgerton, MD, HRSA, EMSC Program, noted that the EMSC program is celebrating its 30th year. The Ground Ambulance Equipment List has been updated.

This round of Targeted Issues Grants is focused on prehospital pediatric medicine. The Pediatric Disaster Checklist has been developed. Online Training for Pediatric Disaster Triage has been developed. They are seeing improvement with respect to the EMSC Performance Measures created in 2006 and are working on developing new performance measures to be implemented in 2017.

- Drew Dawson, NHTSA Office of EMS, discussed the recently issued CDC Guidance on Ebola for Prehospital and 9-1-1 Personnel. He and Dia Gainor, NASEMSO Executive Director, announced that NASEMSO has recently been awarded a new cooperative agreement known as the Performance Measures Project.

Elections

- Chair-Elect: Nominees included Ken Williams (RI) and Charles Cady (WI). Ken Williams was elected Chair-Elect. His term of Office begins immediately after the Annual Meeting concludes.

- Secretary: Charles Cady was elected Secretary.

- Regional Representatives (and Alternates): The current regional representatives were re-elected. Alternate regional representatives were also elected for each region. The representatives and alternates are as follows: South Central – Sarah Nafziger (Joe Nelson); East – Rich Kamin (Jim Suozzi); North Central – Charles Cady (Julia Martin); West – Harry Sibold (David Lehrfeld).

Joint Meeting with State Directors and Other Interested Members:
NAEMSP Evidence-Based Guidelines Strategy Proposal – Dr. Christian Martin-Gill, Principal Investigator, presented an overview of the proposed strategy for developing prehospital evidence-based guidelines. He is now seeking feedback on the proposed strategy.

Adjourn – The meeting adjourned at 3 PM.