



NASEMSO Model EMS Clinical Guidelines Project

May 13, 2013

1:30 PM EDT

Work Group Meeting

Meeting Record

Attending: Rick Alcorta, Eric Beck, Sabina Braithwaite, Carol Cunningham, Mary-Katherine Harper, Mary Hedges, Rich Kamin, Doug Kupas, Susan McHenry, Joe Nelson, Manish Shah, Harry Sibold, Peter Taillac

Call to Order and Roll Call – Dr. Carol Cunningham called the meeting to order and asked if everyone had reviewed the April meeting record. The meeting record was approved. Carol noted that a great deal of work has been completed and thanked everyone for their contributions to date.

Review of Progress

- EMS Clinical Guideline Titles selected and reviewed
- Essential Components of Guideline selected and reviewed
- Guideline Groups established; most groups have met once or more
- Guideline Titles and Components sent to EMS stakeholders for feedback (3/29)
- Public Comment site created on project website (4/3)
- Comment deadline (not final) ended (5/10)

Next Steps - Two small groups, General Medical and GI/GU/GYN, have yet to begin meeting. All other small Guideline Groups will continue meeting.

Review of Comments Received (of May 10) - Dr. Rich Kamin reviewed and summarized the comments that had been submitted. They are as follows:

- National Safety Council – Good, no changes
- National EMS Managers Association (NEMSMA) – Carol and Rich noted that NEMSMA commented that all guidelines should be evidenced-based. Manish added that this was also a comment from AAP but he clarified that we do not have enough evidence-based guidelines yet. He assured the AAP that when guidelines are not evidence-based, we will provide transparency and indicate what we are recommending and why. Peter added that we should denote those that have been through a formal evidence-based process. Susan McHenry clarified that the evidence-based process is FICEMS-approved, rather than NHTSA. Rick Alcorta added that the references should be cited and that should add transparency to the product. Doug Kupas added that the Nova Scotia guidelines are a good model and they cite references.
- National Volunteer Fire Council (NVFC) by Dave Finger – Commented on trauma and Necessary Components. Mr. Finger commented there may be some redundancy in patient safety in the necessary components. Carol said this could be addressed when we finalize the guidelines.
- NAEMT by Paul Hinchey – Dr Hinchey questioned if we were trying to be too inclusive in the List of Guidelines and Components. Rich felt that Paul provided some very thoughtful comments.



NASEMSO Model EMS Clinical Guidelines Project

- James Osaki, DDS – He submitted comments on dental trauma, which will be referred to the small group on trauma.
- Association of Critical Care Transport (ACCT) – Good, one minor change in a title which should be sent to the trauma small group.
- Erik Glassman – He felt Blast & Over-pressurization should be separate categories. This will be referred to the trauma small group.
- Vincent McGregor (Fairfax Community College) – He referenced the List of Guideline Titles and made a good point, but it may result in too lengthy of a document.
- American Academy of Pediatrics (AAP) – Manish provided a summary of comments regarding pediatric matters. He explained how he solicited feedback at the recent national EMSC meeting where he convened interested parties and reviewed the documents. He stated that people felt strongly about adding a guideline related to abuse (child, domestic, sexual, elder, etc). Drowning/Near Drowning was also requested to be included. Both of these had been on our secondary list and Manish suggested perhaps they should be moved to the primary list. He said there were folks in the room who had been involved in the NHTSA EBG process and transparency was heavily emphasized. Manish explained that we were not using the EBG process, which they understood but wanted that clarified in the end product. Rich suggested adding the abuse guideline given the sentiment expressed. Manish felt there are some things that could be stated although they may be general, such as preserving evidence at the scene and the duty to report suspected abuse. Carol agreed, noting that given the recent events in Cleveland, heightened awareness of abuse, including human trafficking, is important. Mary asked who would write the guideline. While it is typically trauma, the topic is broader than that and could be handled separately. Carol suggested adding the topic to the workload of the Universal Care small work group especially considering the current workload of the Trauma small work group. Manish said he would be glad to take the lead and begin drafting it, at least from the pediatric perspective. He will ask others for additional information on elder and non-pediatric abuse.

Making Changes Based on Comments

Doug Kupas asked if additional comments are to be expected or if we will now finalize the list of guideline titles. He stated, and Carol agreed, that the sooner we finalize the list of guidelines, the better prepared we will be able to proceed. Mary Hedges said she has heard from some individuals and organizations that they still plan to comment, and she informed at least one organization that it had until July 25 to submit comments (assuming final decisions would be made at the July 30 meeting in Minneapolis). Rich Kamin suggested moving forward but still allowing comments to be considered at the meeting in Minneapolis in July. Peter asked if the whole group will be making the decision on list of guidelines or if the small groups will decide. Carol and Rich suggested the small groups make a decision on which guidelines to add. It was recommended by Peter and Carol that we respond to the individuals who commented following the meeting in July. Sabina agreed that the trauma small group can make decisions on the trauma comments and report to the full group in July.

Drafting the Guidelines

Joe Nelson said his two small groups are using the template but will not be using a format yet. The guidelines can be cut and pasted into a format later. Peter Taillac agreed and said the template has been helpful. Mary will resend a copy of the template to everyone.

Guideline Group Reports



NASEMSO Model EMS Clinical Guidelines Project

- Cardiovascular - Eric Beck, Mary-Katherine Harper, **Joe Nelson**, Matt Sholl - Joe Nelson reported that they met in April and will meet again at the end of May.
- General Medical/Other – Carol Cunningham, Tony DeMond, Doug Kupas, Manish Shah, **Allen Yee**. Allen Yee was unable to join the meeting today. The General Medical small group has not yet met.
- GI/GU/GYN - Eric Beck, Rich Kamin, **Doug Kupas**. Doug said this small group has not yet met but plans to do so.
- Pediatric-specific - **Brian Moore, Manish Shah**. Manish said he and Brian solicited volunteers and they have a group of five AAP members who will be drafting the pediatric specific guidelines and reviewing other guidelines for the pediatric component. They were waiting on the finalization of the guidelines and components. Now that that is complete, they will proceed with drafting. He asked that guidelines be sent to him as completed and his group will review the pediatric components.
- Respiratory - Bill Gerard, Eric Beck, Mary-Katherine Harper, **Joe Nelson**, Allen Yee. Joe Nelson said the respiratory group met in April and will meet again at the end of May. He holds the cardiovascular small group meeting and the respiratory group meeting back to back on the same day.
- Resuscitation - **Eric Beck**, Rich Kamin, Matt Sholl, Allen Yee. Eric Beck said the work group had its first meeting. They have divided the guidelines among members and plan to have drafts for review at the Minneapolis meeting.
- Toxins/Environmental - **Rick Alcorta**, Tony DeMond, Carol Cunningham, Matt Sholl, Harry Sibold. Rick Alcorta reported they have done a fair amount of background literature justification. He hopes to have drafts by the next meeting.
- Trauma (head, multi-system, spine, thorax, extremity, amputation, eye) - Sabina Braithwaite, Eileen Bulger, Tony DeMond, Jeff Salomone, **Peter Taillac**. Peter Taillac said they have first drafts of all of their topics and will be ready to send them for review on the pediatric components. He credited Sabina for the organization and productivity of the group. He noted that the only group member who has not participated is Jeff Salomone, but that Eileen Bulger, the ACS alternate, has been very involved.
- Universal/General Care - Carol Cunningham, **Bill Gerard**. Carol reported that Bill Gerard has been challenged with some major health issues with additional surgery expected; however she has shared some universal care protocols with him that he is planning on using as a resource.

Disclosure Reminder – Carol reminded members who have not yet submitted disclosure statements to do so. They have been received from Alcorta, Bulger, Cunningham, DeMond, Gerard, Harper, Kamin, Kupas, Nelson, Sholl, and Sibold. The disclosure statement will be redistributed to the workgroup members who have not completed this important task.

Face-to-Face Workgroup Meeting – Mary reported that she has heard from everyone regarding their plans to attend the July 30-Aug 1, 2013 meeting in Minneapolis, MN. The hotel has issued confirmation numbers for all, which she will forward to each person attending.

Questions / Other Considerations – The question was asked if Dr. Salomone intends to attend the meeting in Minneapolis, to which Mary indicated he submitted his hotel reservation to her. It was noted that the ACS alternate, Eileen Bulger, has been actively participating in the trauma small group and submitted her drafts and that Dr. Salomone has not participated yet. It was



NASEMSO Model EMS Clinical Guidelines Project

suggested that perhaps they be asked to reverse their role with Dr. Bulger serving as the primary member and Salomone the alternate for ACS. After discussion it was agreed that the Co-PIs will send a written request suggesting the change to Dr. Salomone.

The meeting was adjourned at 2:37 EDT.