



National Emergency Medical Services Advisory Council United States Department of Transportation

June 4, 2012

**Aarron
Reinert**

Chair

David Strickland, Chair
Federal Interagency Committee on Emergency Medical Services
Administrator, National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE
Washington, DC 20590

Dear Mr. Strickland:

At the May 30-31, 2012 meeting of the National Emergency Medical Services Advisory Council (NEMSAC), the NEMSAC considered the March 29, 2012 FICEMS request for answers to “Questions for the NEMSAC on the FICEMS Role in Implementation of the Model Uniform Core Criteria [MUCC] for Mass Casualty Incident Triage”.

Developed by the Centers for Disease Control and Prevention (CDC) National Expert Panel on Mass Casualty Triage, the MUCC were published in the June 2011 edition of the journal *Disaster Medicine and Public Health Preparedness*, and were later endorsed by numerous national professional stakeholder organizations in EMS, disaster management, and public health preparedness.

The NEMSAC’s responses to the FICEMS’ questions are itemized below.

1) Should FICEMS support the national adoption of MUCC?

Yes. FICEMS should support the national adoption of MUCC through a guidance process. After more than a decade since the events of September 11, 2001, the United States still does not have a nationally-recognized triage standard. It is only via a nationally consistent guideline for mass casualty triage tools that the interoperability of multiple EMS agencies and personnel can be facilitated and assured. As the MUCC are based on the best currently available direct scientific evidence, indirect scientific evidence, expert consensus, and are used in multiple existing triage systems, the MUCC are the ideal benchmarks by which to develop consistency among current and future triage tools.

a) What reasonable national metrics could be used by FICEMS to measure adoption of MUCC principles by the national EMS community over time?

As published, MUCC incorporates a series of criteria for the following four main categories: general considerations, global sorting, lifesaving interventions, and individual assessment of triage category. Within each of these four categories is a

series of criteria that could easily be transformed into checklists for both the adoption of MUCC principles, and the measurement of compliance with those principles over time. Use of such checklists should be encouraged both for internal assessment of triage tools by vendors and for external assessment by appropriate jurisdictional authorities as desired.

b) Is there a need for a national, state and/or local process, criteria, and organization to determine what triage tools are MUCC compliant?

Yes. There is a need to determine which triage tools are compliant with MUCC principles. In fact, at the time the MUCC were developed, no single triage tool was available that was fully compliant with the MUCC. NEMSAC believes that compliance checklists, based on the four main categories of the MUCC, could be developed, transmitted, and widely disseminated among national, state, regional, and local EMS officials. Development, transmittal, and dissemination of compliance checklist(s), as well as technical assistance in evaluating compliance of state, regional and local EMS systems, could be carried out by a national EMS organization, such as the National Association of State EMS Officials (NASEMSO).

NEMSAC recommends that the FICEMS rely on individual state, regional or local EMS jurisdictions, as appropriate, to determine MUCC compliance, and take steps to encourage such compliance. It is only by engaging state, regional or local personnel that the Federal government can facilitate and ensure interoperability of mass casualty triage across jurisdictional boundaries during catastrophic events of regional, state, or national significance.

2) Should there be an addendum published to the National EMS Education Standards referencing the principles of MUCC?

No. There need not be an addendum published to the National EMS Education Standards referencing the principles of MUCC, because the National EMS Education Standards already include a “placeholder” for the principles of mass casualty triage that should be covered for all four nationally recognized EMS provider levels. Therefore, the principles of MUCC are clearly intended to be incorporated within initial EMS education program content. To ensure that such principles are consistently explained across multiple jurisdictions, there should be an addendum published to the Instructional Guidelines supporting the National EMS Education Standards, thereby promoting the fullest possible interoperability among EMS agencies performing mass casualty triage nationwide. Additionally, FICEMS should encourage all appropriate Federal agencies and professional organizations to support the development of continuing EMS education program content in the principles of MUCC that could be broadly disseminated among State, regional or local personnel.

a) Should additional actions be taken by FICEMS member agencies to support the initial and continuing education of EMS workers in the principles of MUCC, if so what additional actions?

Yes. The FICEMS should request that all member agencies take such additional actions, which at a minimum could include transmittal and dissemination of appropriate supporting

materials and guidance documents to all EMS organizations within the spheres of influence of each of the FICEMS member agencies. As just two examples, in collaboration with other FICEMS member agencies, the National Highway Traffic Safety Administration (NHTSA) could facilitate a national effort to standardize initial and refresher training materials in disaster and emergency preparedness for EMS personnel, and the Department of Homeland Security (DHS) could ensure that emergency management and disaster preparedness personnel include education in the MUCC role in NIMS and ICS in their mass casualty training programs and exercises. The development and broad distribution of training materials for EMS personnel on the recently revised “Guidelines for Field Triage of Injured Patients” by the CDC could serve as a model for how these support materials might be transmitted and disseminated nationwide.

3) What are the most significant common barriers that State, territorial and tribal governments might face in supporting adoption of MUCC?

While barriers may exist in supporting the national adoption of the MUCC and MUCC compliant triage tools, the fact is that the MUCC are supported by the best available direct and indirect scientific evidence, as well as national expert consensus. As such, to ensure interoperability of disaster triage by responding EMS personnel in a multijurisdictional event, there is little choice but to promote the adoption of MUCC and MUCC compliant triage tools across the nation. That said, the most significant common barrier likely to be faced by state, territorial and tribal governments in supporting the adoption of MUCC is the cost to train EMS personnel.

Training in MUCC compliant triage tools could prove especially problematic for career EMS professionals, whose training hours must be paid for and whose lost duty hours must be backfilled by other career EMS professionals within their own EMS agencies. Among volunteer EMS professionals, the time required to train such volunteers will be a common barrier. The added training hours required for introduction to MUCC compliant triage tools will compete with other vital EMS training enhancements.

Decisions regarding investments in time and resources required to train currently practicing EMS personnel in new methodologies and technologies such as MUCC and the use of MUCC compliant triage tools are most often best made at the jurisdictional level, with input from local, regional, and state EMS stakeholders and agencies. However, EMS personnel all currently undergo initial and refresher training in preparation for their important roles in day-to-day out-of-hospital emergency medical care. Therefore, the inclusion of training in MUCC and MUCC compliant triage tools in such programs could be accomplished with little additional cost in dollars or hours over time as future and current EMS personnel are trained and retrained.

a) Are there specific actions FICEMS member agencies should take to support State, territorial and tribal governments in overcoming these barriers to adoption of MUCC?

Yes. There are specific actions FICEMS member agencies should take to support State, territorial and tribal governments in overcoming the above-cited barriers to the adoption of MUCC. NEMSAC believes that FICEMS member agencies should take a leading role in

facilitating necessary and appropriate changes to NIMS policies and protocols to effect the adoption of MUCC and overcome whatever barriers to adoption may exist. To the extent practicable, FICEMS member agencies should also provide appropriate supporting materials, such as educational documents, programs, webinars and guidance documents, as well as whatever financial incentives may be available to encourage State, territorial, local and tribal governments to facilitate adoption of MUCC compliant triage tools within EMS systems. However, given the limited funding currently available to most local EMS agencies nationwide, financial disincentives to penalize those that defer such adoption should be considered only as a last resort.

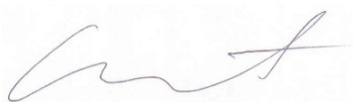
4) Are there specific actions FICEMS should undertake to engage non-Federal national EMS stakeholder organizations in supporting national implementation of MUCC?

Yes. There are specific actions FICEMS member agencies should undertake to engage non-Federal national EMS stakeholder organizations in supporting national implementation of MUCC. NEMSAC believes that FICEMS member agencies should take a leading role in facilitating necessary and appropriate changes to NIMS policies and protocols to effect the adoption of MUCC and overcome whatever barriers to adoption may exist.

To the extent practicable, FICEMS member agencies should also provide appropriate supporting materials, such as educational documents, programs, webinars and guidance documents, in addition to whatever financial incentives may be available to encourage non-Federal national EMS stakeholder organizations to facilitate adoption of MUCC compliant triage tools within State, regional and local EMS systems over which they may exert some influence. However, given the limited funding currently available to most local EMS agencies nationwide, financial disincentives to penalize those that defer such adoption should be considered only as a last resort.

The NEMSAC thanks the FICEMS for the opportunity to provide advice regarding the national adoption of MUCC. Nothing in the preceding answers should be so construed as to imply that State, regional or local EMS systems, or local, regional or national EMS stakeholder organizations, should not be free to continue to develop and investigate potential enhancements to currently used mass casualty triage tools, so long as the currently used tools meet all minimum MUCC, since the interoperability of such tools is fundamental to a coordinated EMS response in a multijurisdictional disaster event.

Sincerely yours,



Aarron Reinert, Chair
National Emergency Medical Services Advisory Council

cc: Drew Dawson, Designated Federal Official