

National EMS Advisory Council

Position Statement Final

Adopted September 30, 2009

The National EMS Advisory Council (NEMSAC) asserts that the personal safety of the EMS responders in the United States is paramount in a pandemic flu outbreak. While guidelines have been developed and Federal funding established, there is widespread variation in EMS personnel awareness and compliance. There is concern that EMS personnel underestimate the severity and imminent impact on the EMS workforce. Social networking systems influence the EMS provider with information from unsubstantiated and often misleading sources. NEMSAC asserts the following key guiding principles promote the safety of EMS personnel in response to a pandemic flu outbreak:

- Promote proper handwashing as the fundamental practice of preventing the spread of disease.
- Promote vaccination of EMS providers for both seasonal and H1N1 influenza.
- Promote flu.gov as a credible source of current information regarding pandemic flu with emphasis on the following practices:
 - Encourage and promote the proper use of basic personal protective equipment.
 - Encourage the education of family members of EMS providers.
 - Encourage EMS providers to consult their local medical director in adopting the practice and procedures in patient care.
- Ensure that dissemination of credible information to providers and the public through EMS agencies, organizations, associations, and EMS media is consistent with information from CDC, state and local public health.

NATIONAL EMS ADVISORY COUNCIL

POSITION STATEMENT

Adopted 3 June 2009

The National EMS Advisory Council (NEMSAC) believes that an accountable and sustained community level emergency medical care system is essential and must be assured in the debate and implementation of health care reform. Emergency Medical Services (EMS) is the practice of medicine at the community level and a window to a community's health status, including social care and stability. The emergency care system is a twenty four hours per day, seven days per week front door to the health care system and faces unique challenges in the urban, rural and frontier areas of our country. The NEMSAC believes that these key guiding principles must be included in the health care reform discussion:

- Any reform to the health care system must first ensure the stability and performance of a viable, funded EMS system.
- Financial sustainability of the EMS system must include a ready workforce as a key healthcare infrastructure investment essential to protect the public.
- It is difficult to improve outcome or efficiency without meaningful and consistent data and evaluation. Permanent funding of the National EMS Information System (NEMSIS) is essential to ensure EMS integration into Health Information Technology (HIT).
- EMS research should be funded in order to evaluate the effectiveness of emergency health care.
- The Institute of Medicine's (IOM) recommendations for regional, accountable and coordinated evidence-based emergency care systems should be implemented.
- EMS is and remains the healthcare system's safety net to ensure equity and access to emergency medical care. Ensuring core and sufficient new grant funding to maintain the readiness of emergency response is an essential public interest.
- Providing core funding specifically for EMS, regardless of delivery model, to ensure surge capacity and response to public health emergencies and natural or man-made disasters is an essential public interest.
- Any healthcare insurance reengineering must include EMS in the Minimum Benefits Set.
- The framing of models that address the health-home or medical-home concepts must include EMS as a partner in the public health, disease management and healthcare support priorities.
- 9-1-1 based pre-arrival instruction and medical prioritization systems must be considered an integrated and essential element of the health care system.



Position Statement on Protection of Public Safety Access to Broadband

Adopted December 15, 2010

The position of the National EMS Advisory Council is that the D-Block of the 700 MHz broadband spectrum is essential to protect and save lives during emergencies.

Communications saves lives every day during emergencies. Emergency medical services and other public safety agencies rely on radio communications and data transmission via broadband for dispatch, coordination, and patient care during daily emergencies as well as during disaster responses.

The National EMS Advisory Council believes:

- It is essential to protect the availability of the D-Block of the 700 MHz broadband spectrum for the exclusive use of public safety agencies;
- Preservation of this exclusive access is a national security issue and essential for compliance with Homeland Security Presidential Directive #5; and
- Auctioning off this spectrum for commercial use will effectively block exclusive access for public safety agencies for the protection of the American public.



Position Paper on the Role of a Lead Federal Agency for Emergency Medical Services

Adopted April 15, 2011

WHEREAS, emergency medical services (EMS) is a critical national resource because EMS responders protect the health and welfare of citizens during incidents of national significance; in addition, EMS responders provide daily access to medical care for thousands of citizens; and

WHEREAS, several federal agencies currently have an EMS mission, including the National Highway Traffic Safety Administration within the Department of Transportation, the Department of Homeland Security, the Department of Health and Human Services, the Department of Defense, the Federal Communications Commission, and the General Services Administration; and

WHEREAS, federal agencies have implemented and continue to be responsible for a considerable body of work that benefits EMS systems throughout the nation; and

WHEREAS, The Federal Interagency Committee on Emergency Medical Services (FICEMS) was formed to coordinate federal programs related to EMS, but without dedicated staff or the authority to allocate funds, establish policy, or implement overarching federal policy; and

WHEREAS, the composite of focus areas and expertise in those FICEMS member agencies is of great value and greater potential value to EMS in the United States; and

WHEREAS, in other domains, a lead federal agency with strong coordination authority has shown success in collecting and disseminating industry data, establishing federal policy and national standards; and

WHEREAS, despite individual agency efforts, the overall arrangement of federal management of EMS related matters remains fragmented, compounding the fragmentation at state and local levels in the EMS industry; and

WHEREAS, local and regional EMS systems are the primary EMS providers in local jurisdictions and are regulated by the states; and

WHEREAS, while a national standard for scope of practice establishes minimum baseline care, local medical oversight may allow providers to exceed the minimum to provide more advanced innovative care to their communities, in accordance with state law; and

WHEREAS, the states have broad discretion in creating standards and enforcing EMS licensure and credentialing, but these variations create challenges for effective interstate coordination of EMS response on a day-to-day basis as well as during incidents of national significance; and

WHEREAS, optimal and safe patient care can only be ensured when a systems approach considering the full spectrum of EMS and its interface with public health - from prevention, public safety and emergency preparedness, 9-1-1 access, prehospital, emergency department, inter-facility, and specialty systems of care - is carefully managed and executed; and

WHEREAS, there is a need for a national comprehensive base of knowledge about the design and function of local and regional EMS systems in the United States, based on valid reliable data on the medical, financial, and operating capabilities of local EMS systems; and

WHEREAS, evidence to support many of the practices in EMS is limited and is without robust national research and implementation data; and

WHEREAS, EMS in the United States is under-funded, data from the Government Accountability Office suggest that the Centers for Medicare and Medicaid Services (CMS) inadequately reimburses ambulance agencies, and EMS agencies receive only a small percent of Homeland Security grant dollars for which they are eligible; and

WHEREAS, FICEMS has been tasked to develop a policy options paper that outlines possible remedies and alternatives for the fragmentation in EMS throughout the United States, and NEMSAC exists in part to provide recommendations to FICEMS.

**NOW THEREFORE BE IT RESOLVED THAT THE NATIONAL EMS ADVISORY COUNCIL
HEREBY ADOPTS THE FOLLOWING POSITION
SUPPORTING A LEAD FEDERAL AGENCY FOR EMERGENCY MEDICAL SERVICES:**

1. The federal government should specify a lead federal agency to coordinate activities and align priorities among all federal agencies with an EMS role, provide overall guidance to emergency medical services at the federal level, and communicate a national unified vision and strategy.
2. The lead federal agency should have a standing in the federal hierarchy at a level consistent with its scope of duties and authority.
3. The lead federal agency should coordinate, and where appropriate have oversight, of all federal activities related to the continuum of emergency and trauma care.
4. The lead federal agency should develop model standards for coordinated and effective response of EMS systems.
5. The lead federal agency should create and maintain a comprehensive database that encompasses quality of care and operating data; financial data; leadership development criteria; workforce safety and training data; and equipment safety and performance reliability, and injuries.
6. The lead federal agency should continue to develop and maintain the National EMS Information System for effectiveness research and ensure integration of emergency care data in the national health information technology infrastructure.
7. The lead federal agency should gather, evaluate, report on and establish benchmarks and develop evidence-based guidelines for various components of EMS performance in the United States.
8. The lead federal agency should collaborate with CMS in its development of EMS reimbursement policies.
9. The lead federal agency should align priorities for federal grant funding to enhance EMS and to monitor and maintain information of available programs and funding at the state, regional and local levels.
10. The lead federal agency should develop EMS guidelines based on the best available evidence and coordinate with other agencies to continue to create initiatives and research goals to improve quality of care and patient safety.
11. During any potential transition to a lead federal agency, great care must be taken to not compromise EMS related programs currently administered or in development by federal agencies without sufficient stakeholder input.
12. FICEMS must maintain its key role in coordinating EMS activities of all branches of the federal government, including those of the lead federal agency.
13. The National Emergency Medical Services Advisory Council should serve as the principal advisor to the lead federal agency, which will serve as the primary staff to FICEMS.
14. The lead federal agency should be sufficiently funded and staffed to accomplish the above goals and objectives to include continuing current federal initiatives.



National Emergency Medical Services Advisory Council

United States Department of Transportation

June 4, 2012

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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.

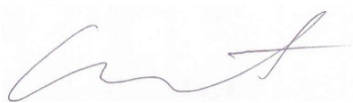
4) Are there specific actions FICEMS should undertake to engage non-Federal national EMS stakeholder organizations in supporting national implementation of MUCC?

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