



# EMS UPDATE

FALL 2008 WINTER 2009

Emergency Medical Services

## NHTSA OFFICE OF EMS

### NHTSA WELCOMES JASON GRAFFT

The NHTSA Office of EMS is happy to announce that Jason Grafft has joined our staff. Jason is an experienced EMT who comes to us from Riverside, California, where he was a faculty member of the EMS Department at Riverside Community College. Grafft will take primary responsibility for supporting the Federal Interagency Committee on EMS (FICEMS) and the National EMS Advisory Council (NEMSAC).

## AMBULANCE SAFETY

### IMPROVING AMBULANCE SAFETY STANDARDS

NHTSA continues to work with the National Institute for Occupational Safety and Health (NIOSH) to improve ambulance safety standards for EMS workers and patients. During FY 09, NIOSH will begin a four-year project to develop recommendations for new safety standards based on research and aimed at increasing patient and worker safety in the patient compartment. NHTSA, the General Services Administration, and the Ambulance Manufacturer's Division of the National Truck Equipment Association are participating in this effort.

### SAFELY TRANSPORTING CHILDREN IN AMBULANCES PROJECT

NHTSA is pleased to announce the initiation of its "Solutions for Safely Transporting Children in Emergency Vehicles" project, a partnership between the NHTSA Occupant Protection Division and NHTSA's Office of Emergency Medical Services. The objectives of this project are to develop a set of recommendations for the EMS community on how to safely and appropriately transport children in a ground ambulance from the scene of a crash or other emergency. Components of this two-year project include a literature review, the development of draft recommendations, and

the convening of a national meeting to discuss and finalize the recommendations.

Maryn Consulting, Inc., has been contracted by NHTSA to complete this project. Maryn staff will work with NHTSA and national experts in the field to perform this work. If you have any questions or suggestions, please contact Alexander (Sandy) Sinclair of the NHTSA Occupant Protection Division at [sandy.sinclair@dot.gov](mailto:sandy.sinclair@dot.gov) or Dave Bryson of the NHTSA Office of Emergency Medical Services at [dave.bryson@dot.gov](mailto:dave.bryson@dot.gov).

## EVIDENCE-BASED PRACTICE GUIDELINES

All EMS, from those in the field to State EMS directors, are committed to providing effective and efficient care to acutely ill and injured patients. However, today there is no well-accepted process for determining what constitutes effective care — or an efficient system for providing that care. For too long, the provision of out-of-hospital care has been driven more by what we *think* is right rather than what we know is right.

The challenge facing EMS today is to transform from practices based on tradition and expert opinion to practices based on guidelines and protocols that have been developed through thoughtful and systematic examination of scientific evidence and data. While parts of medicine have developed evidence-based guidelines for specific conditions (e.g., traumatic brain injury and ST-segment elevation myocardial infarction), no system-wide process exists to ensure that the out-of-hospital care administered by field providers reflects the current state of the scientific evidence.

There is a growing need for increased use of evidence to inform the education, protocols, scopes of practice, guidelines, and medical direction of EMS systems. To address this issue, FICEMS and NEMSAC cosponsored a conference in September 2008. The goal of the conference was to begin defining a process for the development, implementation, and revision of evidence-based guidelines for out-of-hospital emergency medical care. The process will be designed by consensus to be sustainable, and national in reach.

## TABLE OF CONTENTS

NHTSA Office of EMS .....	1
Ambulance Safety .....	1
Evidence-Based Practice Guidelines .....	1
Federal Interagency Committee on EMS .....	2
National 9-1-1 Coordination Office .....	2
National EMS Advisory Council .....	3
National EMS Education Standards Project .....	4

National EMS Information System (NEMSIS) .....	4
Next Generation 9-1-1 (NG9-1-1) Initiative .....	4
Pandemic Influenza Preparedness .....	5
Preparedness .....	6
Public Health Fellowship .....	6
State EMS Technical Assessments .....	6
The EMS Workforce .....	6

During the conference, EMS experts, along with international experts in evidence-based medicine, provided input on how this process could:

- \* Be organized, operated, and sustained;
- \* Evaluate evidence and develop guidelines;
- \* Translate evidence-based guidelines to field practice;
- \* Ensure an ongoing method of reviewing and revising the guidelines; and
- \* Integrate with other national EMS system development strategies such as the National EMS Education Agenda (e.g., National EMS Scope of Practice Model, National EMS Education Standards), National EMS Research Agenda, National EMS Information System (NEMSIS), National EMS Quality Improvement/Performance plans, and others.

The steering committee for this project is scheduled to meet in December 2008 to synthesize conference input and draft a proposal for a process to develop EMS evidence-based guidelines. This document will be available for comment by the EMS community in 2009.

For more information on conference, go to [www.ems.gov](http://www.ems.gov). For more information on the Evidence-Based Practice Guideline project, contact Cathy Gotschall.

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## FEDERAL INTERAGENCY COMMITTEE ON EMS

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The Federal Interagency Committee on Emergency Medical Services continues to meet twice a year. The Committee's Technical Working Group (TWG), composed of Federal staff members, meets monthly to tackle priority issues in support of improved coordination and visibility of Federal EMS activities. Highlights of the FICEMS meetings are as follows:

### DECEMBER 2007

- \* Drew Dawson provided an overview of the TWG activities for the previous six months:
  - Developed a suggested two-year TWG work plan and performance measures that include an accelerated National EMS Assessment;
  - Initiated development of a matrix of current Federal EMS responsibilities;
  - Established the timetable and procedures for development of a prehospital Evidence-Based Practice Guidelines process;
  - Initiated review of the Model State EMS Plan developed by the National Association of State EMS Officials;
  - Continued to assess Federal activities and funding in support of the Institute of Medicine report – *The Future of Emergency Care in the United States Health System*;
  - Collaborated on several day-to-day Federal EMS activities; and
  - Initiated discussions about a mechanism for tracking the number of dollars going into preparedness and EMS funding.
- \* Standing committee chairs delivered progress reports.
- \* Dr. Kevin Yeskey gave an update on the implementation of Homeland Security Presidential Directive 21.

- \* Dr. David Marozzi reported on the Emergency Care Coordination Center. Dr. Jeffrey Runge, Assistant Secretary for Health Affairs, Department of Homeland Security, was elected to serve a one-year term as chairman of FICEMS.
- \* FICEMS adopted language to encourage the inclusion of medical oversight requirements within future Federal grants and cooperative agreements.

### JUNE 2008

- \* Standing committee chairs reported on each committee's charges and two-year work plans.
- \* The staff of DHS's Office of Health Affairs is working to complete a national EMS preparedness assessment by referencing data from DHS's statewide preparedness reports as well as other resources.
- \* Dr. Clay Mann and Dr. Greg Mears presented information on NEMSIS. Dr. Mann provided an overview of the NEMSIS technical assistance center. Dr. Mears continued the presentation and discussed efforts to move the NEMSIS data set through a standard development organization.
- \* Dia Gainor, chair of NEMSAC, delivered a briefing on recent NEMSAC activities and expressed her enthusiasm for the FICEMS and NEMSAC collaboration.
- \* FICEMS adopted language for Federal agencies to use in encouraging Federal funding for NEMSIS. The language will be drafted into a letter and sent to the Secretaries of the Federal departments that fund EMS.
- \* Dr. Rick Hunt presented a report on the revision of the trauma field triage decision scheme developed by the American College of Surgeons and CDC, in collaboration with NHTSA and others.

For more information on FICEMS, go to [www.ems.gov](http://www.ems.gov) and click on FICEMS, or contact Jason Grafft.

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## NATIONAL 9-1-1 COORDINATION OFFICE

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The congressionally mandated National 9-1-1 Coordination Office is housed at NHTSA and is operated in conjunction with the National Telecommunications and Information Administration at the Department of Commerce. Recent activities include:

### 9-1-1 OFFICE WELCOMES JOHN CRABILL

The National 9-1-1 Coordination Office is happy to announce that John Crabill has joined our team. Crabill is an experienced call taker and dispatcher who recently retired from Montgomery County, Maryland. A contractor, John will take responsibility for supporting a number of 9-1-1 projects and activities.

**Stakeholder Coordination.** One of the major responsibilities of the National 9-1-1 Office is to facilitate coordination among all 9-1-1 stakeholders, both public and private. The office's two-pronged approach to this task includes:

- 1) **Establishment of a 9-1-1 and Medical Communications Committee.** This committee, composed of Federal staff, is part of the Technical Working Group of FICEMS and meets bimonthly to:

- Coordinate 9-1-1 activities and the input of information to the National 9-1-1 Office;
- Share, pool, and disseminate 9-1-1 information to constituencies of Federal agencies;
- Develop strategies to increase the participation of 9-1-1 officials in the programs and activities of local, regional, State, and Federal agencies;
- Help improve the interface between 9-1-1 and the medical community; and
- Promote the interoperability of voice and data communications.

**2) Development of a Communications Plan.** The National 9-1-1 Office must obtain policy, program, and project input from the broad constituency of private industry and public officials who are responsible for public health and safety, incident response, and emergency communications. The National 9-1-1 Office seeks to raise awareness and educate this community about the Office's programs and products. To accomplish these goals, the Redflash Group of Encinitas, California has been chosen to assist with the creation of a comprehensive communications plan for the National 9-1-1 Office.

**9-1-1 Technical Assistance Center (TAC).** Another responsibility of the National 9-1-1 Office is to provide information on practices, procedures, and technology used in the implementation of E9-1-1 services. The National 9-1-1 Coordination Office has established a cooperative agreement with a team led by the Pennsylvania-based firm of L. Robert Kimball and Associates to establish a 9-1-1 Technical Assistance Center (TAC). Kimball's partner in this effort will be the National Emergency Number Association.

**Grant Program.** The National 9-1-1 Office is also charged with administering a grant program for the benefit of Public Safety Answering Points (PSAPs). The office has published a Notice for Proposed Rulemaking (NPRM) in the Federal Register, which outlines the approach it proposes to use in awarding \$43.5 million for the implementation and operation of Phase II enhanced 9-1-1 services and for migration to an Internet Protocol (IP)-enabled emergency network. The closing date for comments to the NPRM is December 2, 2008.

During the past year, the National 9-1-1 Office has also established a cooperative agreement with the National Association of State 9-1-1 Administrators to develop a model State 9-1-1 plan, and to develop a data set that can measure the implementation progress of advanced 9-1-1 technology services. These documents are expected to be posted online in early 2009.

For more information on the National 9-1-1 Office, go to [www.e-911ico.gov](http://www.e-911ico.gov), or contact Laurie Flaherty.

## NATIONAL EMS ADVISORY COUNCIL

In 2008, NHTSA formalized its collaborative approach to working with EMS providers, consumers, and other stakeholders. In keeping with Federal Advisory Committee Act requirements to use a group of citizens to provide ongoing recommendations to a Federal agency, Transportation Secretary Peters created and appointed the members of NEMSAC.

This advisory group is composed of 25 people representing a variety of disciplines that affect the provision of emergency medical care.

NEMSAC has met three times. An outline of meeting activities follows:

### APRIL 2008

- \* NHTSA Deputy Administrator Jim Ports provided welcome remarks and administered the oath of office for all NEMSAC members in attendance. Following the swearing-in ceremony, the members introduced themselves and provided information on their background and the EMS discipline they were selected to represent.
- \* Dana Sade, from NHTSA's Office of Chief Counsel, provided an ethics briefing.
- \* Drew Dawson summarized NEMSAC's primary roles.
- \* NHTSA Senior Associate Administrator Brian McLaughlin described the organizational structure of DOT and NHTSA.
- \* Dawson provided an overview of the NHTSA Office of EMS, including a brief history, review of mission and approach, Federal EMS program coordination, projects of national significance, funding, and staffing. Dawson also provided a brief overview of FICEMS, including statutory requirements, membership, priorities, and use of the Technical Working Group and its committees to further the work of FICEMS between meetings.
- \* NEMSAC chair Dia Gainor led a brief discussion of the drafts of NEMSAC's Code of Conduct and Bylaws. The Code of Conduct and Bylaws were discussed and approved.
- \* The council agreed to co-sponsor the Evidence-Based Guidelines Process Meeting, funded by NHTSA and cosponsored by FICEMS.
- \* Gainor opened the floor for a broad discussion on the general landscape of issues facing EMS. A NEMSAC workgroup will combine and refine the issues identified into categories, which will serve as the basis for committee formation.

### JULY 2008

- \* McLaughlin provided opening remarks and administered the oath of office to NEMSAC members unable to attend the April meeting.
- \* Gainor briefly reviewed activities since the previous NEMSAC meeting:
  - NEMSAC members compiled a list of 84 EMS issues of national importance;
  - Dr. Jeffrey Lindsey chaired a committee to arrange the issues listed into similar or "bucket" categories; and
  - NEMSAC members individually voted on the importance of each issue in an effort to prioritize the list.
- \* Gainor offered a template outlining how NEMSAC committees will approach, accomplish, and present work. It was agreed that five committees would be established. Gainor reminded members that committees were to identify and develop problem statements and recommendations, not total solutions.
- \* Established committees met and discussed committee activities. The following people were appointed as chairs:
  - Dr. Jeffrey Lindsey for the Safety Committee
  - Kyle Gorman for the Systems Committee

- Dr. Ritu Sahni for the Analysis/Oversight/Research Committee
  - Kevin Staley for the Education & Workforce Committee
  - Kurt Krumperman for the Finance Committee
- \* Cathy Gotschall presented a report on planning activities for the Evidence-Based EMS Guidelines Process Meeting, to be conducted in September 2008.
- \* Dawson presented a FICEMS report.

For more information on NEMSAC and its activities, go to [www.ems.gov](http://www.ems.gov) (click first on “EMS System,” then click on “NEMSAC”) or contact Jason Grafft directly.

## NATIONAL EMS EDUCATION STANDARDS PROJECT

The final draft of the *National EMS Education Standards* (the *Standards*) for all four levels of EMS personnel — Emergency Medical Responder, Emergency Medical Technician, Advanced EMT, and Paramedic — were submitted to NHTSA in September 2008. NHTSA is reviewing this document and plans to release the final version to the EMS community in early 2009.

The *Standards* are based on EMS licensure levels identified in the *National EMS Scope of Practice Model*, and they define the minimum, entry-level competencies, clinical behaviors, and judgments for each level of EMS personnel. Eventually, the *Standards* will replace the current DOT National Standard Curricula (NSC). Compared to the NSC, the less rigid format of the *Standards* is intended to allow for more frequent revision of content consistent with scientific evidence and community standards of care.

Instructional Guidelines, a companion document to the *National EMS Education Standards*, has been developed to aid EMS education programs, publishers, and instructors as they transition from the NSC to the *Standards*.

The final drafts of the *Standards* and Instructional Guidelines, as submitted to NHTSA, can be viewed at: [www.nemsis.org](http://www.nemsis.org). For more information, please contact Dave Bryson.

## NATIONAL EMS INFORMATION SYSTEM (NEMSIS)

The NEMSIS Technical Assistance Center continues to make great strides in the development of a National EMS Database. Currently, 11 States are regularly submitting data to the NEMSIS TAC, with more than 4 million records archived in the database. As of October 2008, another 2 States are sending test data, and an additional 5 States are planning to submit EMS data by the end of 2008.

One of the most exciting developments associated with the NEMSIS TAC is the release of the National EMS Database Reporting System. The system allows anyone to build reports using the current contents of the National EMS Database. Reports are specific to eight content areas important to EMS.

For example, reports can be generated specific to elapsed EMS response times for different subgroups, based upon 4 million records. Special reporting tools are also available to build tailored reports for important patient populations, such as cardiac arrest and trauma patients.

The National EMS Reporting System can be accessed through the NEMSIS Web site ([www.nemsis.org](http://www.nemsis.org)) by clicking on NEMSIS Reporting. Choose “National Reports” and follow the prompts to use the system and become familiar with the limitations associated with the interpretation of the reports. Each report provides users with a “Report Specification,” allowing EMS agencies to reproduce the report using local data for benchmarking purposes.

In spring 2009, the NEMSIS TAC will be expanding the National Reporting System to support State-specific reporting for all States submitting data to the National EMS Database. This additional functionality will allow States to benchmark data with similar State and national totals. It is also expected that the first research database will be available soon. Visit the NEMSIS Web site often to keep current on new resources available to States and EMS agencies.

For more information on NEMSIS, go to [www.nemsis.org](http://www.nemsis.org).

## NEXT GENERATION 9-1-1 (NG9-1-1) INITIATIVE

The DOT Next Generation 9-1-1 (NG9-1-1) Initiative defines and documents a vision for the future of 9-1-1. The Nation’s 9-1-1 system, currently based on 1960s technology, cannot handle the text, data, images, and video that are increasingly common in personal communications — and critical to future transportation safety and mobility advances. The future of 9-1-1 will be based on the use of digital, Internet Protocol-based technology.

Specifically, the NG9-1-1 Initiative will provide a system architecture and transition plan that takes into account the responsibilities, costs, schedule, and benefits for deploying IP-based 9-1-1 networks. The ideas and needs of both public and private 9-1-1 stakeholders are incorporated into the project content. DOT views the NG9-1-1 Initiative as a “transition enabler,” which will ultimately allow the public to make a 9-1-1 call from any wired, wireless, or IP-based device — and enable emergency responders to take advantage of enhanced call delivery, multimedia data, and advanced call transfer capabilities.

Recently, a proof-of-concept (POC) demonstration was completed during which software and network components demonstrated the required capabilities of the NG9-1-1 system. The focus of the POC was on the 9-1-1 call, from origination to delivery to handling. The POC included the following.

- \* Call origination using:
  - IP user agents such as laptop computers, IP telephones, and IP wireless devices (transmitting audio, data, text, and streaming video);
  - Cellular devices (transmitting both audio and text messages);
  - Audio and vehicle telematics data transmission technology (such as that used by OnStar and ATX);
  - Devices demonstrating the needs of the deaf and hard-of-hearing community (e.g., real-time text and video); and
- \* Call transfer from one PSAP to another, along with any data collected with the call.

Three test laboratories and five PSAPs hosted the basic infrastructure for the POC demonstration. The laboratory tests focused

on call setup and routing of calls while the PSAP-based testing focused more on call termination and handling.

The following laboratories housed the equipment and operated together as a single system:

- \* Booz Allen Hamilton Center for Network & Systems Innovation, Herndon, VA
- \* Texas A&M Internet2 Laboratory, College Station, TX
- \* Columbia University Next Gen Laboratory, New York, NY

Professional call takers, emergency dispatch, and supervisory personnel at the following PSAPs were trained to assist with POC testing:

- \* City of Rochester Emergency Communications Department, Rochester, NY
- \* King County E-9-1-1 System, Seattle, WA
- \* Metropolitan Emergency Services Board, Ramsey County Emergency Communications Center, St. Paul, MN
- \* State of Montana Public Safety Services Bureau, Helena, MT
- \* State of Indiana Office of State Treasurer, Wireless 9-1-1 Board, Kosciusko County, IN

All tests used POC equipment, systems, and test data. At no time were live 9-1-1 calls handled on the POC system or test calls sent to live 9-1-1 systems. A total of 116 functional requirements were tested based on use case scenarios. In all, the project conducted 320 individual tests in the laboratories and PSAP facilities, with 280 (87.5%) successfully passing the test criteria.

As a result of the Federal NG9-1-1 Initiative, 9-1-1 stakeholders have begun to recognize that a fundamental transformation of the way 9-1-1 calls are originated, delivered, and handled is under way. In addition, the project's recent POC helped to encourage communities to become involved in discussing NG9-1-1 deployment issues. At the conclusion of the NG9-1-1 Initiative, all results will transition to the National E9-1-1 Implementation Coordination Office (National 9-1-1 Office).

The NG9-1-1 Initiative is funded by the Intelligent Transportation System Joint Program Office. The complete demonstration report on the NG9-1-1 POC, along with all other documents completed as part of this Initiative, can be found at [www.its.dot.gov/NG911](http://www.its.dot.gov/NG911). For more information, please contact Laurie Flaherty.

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## PANDEMIC INFLUENZA PREPAREDNESS

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NHTSA's Office of EMS, in conjunction with the National Association of State EMS Officials (NASEMSO), published the following two documents in 2007 to help State and local EMS and 9-1-1 authorities plan for pandemic influenza:

- 1) *EMS Pandemic Influenza Guidelines for Statewide Adoption*
- 2) *Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPs)*

These documents are based on existing Federal guidelines; international, national, State, and regional pandemic influenza and disaster response plans; and relevant research, publications, and expert interviews. In addition, with funding from NHTSA, two stakeholder meetings were convened by the NASEMSO to

address publication development and gain stakeholder guidance. The meetings were attended by a wide variety of national stakeholder organizations within EMS, 9-1-1, public health, and Federal agencies.

To view or download these publications, please go to [www.ems.gov](http://www.ems.gov) and click on "Pandemic News."

Currently, the Department of Health and Human Services (HHS) is using these two publications as the basis for evaluating State and territory pandemic influenza plans with regard to EMS and 9-1-1 preparedness. The HHS evaluations are expected to be completed before the end of 2008.

For more information on NHTSA EMS PanFlu activities, contact Gamunu Wijetunge.

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## PREPAREDNESS

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The Preparedness Committee is one of five Technical Working Group committees created by FICEMS in June 2007. The TWG developed a national EMS preparedness assessment strategy in September 2007. Since then, the FICEMS TWG Preparedness Committee has met on a monthly basis. At the June 2008 FICEMS meeting, the Preparedness Committee provided an update on the status of its assigned work plan, which includes completing the nationwide EMS system preparedness assessment. The Preparedness Committee and the DHS Office of Health Affairs are working cooperatively to complete the assessment.

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## PUBLIC HEALTH FELLOWSHIP

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As one of two Public Health Fellows working in the NHTSA Office of EMS, Anthony Oliver is using his background in environmental health and epidemiology to assist in the continued development and implementation of EMS preparedness projects, with a primary focus on pandemic influenza. He also works on the Evidence-Based Practice Guidelines project.

As part of this work, Oliver has provided Federal representation to HHS meetings on Pandemic Influenza Vaccine Prioritization, and served as a member of the core work group on implementation for Critical Infrastructure (CI)/Occupational Workers. In this group, he worked to assist with the development of a proposal for allocating, distributing, and administering vaccines to Federal workers and CI sector employees.

Oliver has also served as an Office of EMS representative to the State Pandemic Influenza Operations Plan Working Group. In this capacity, he assisted with the development of EMS and 9-1-1 appendices of the Operations Plan, and coordinated an interagency team of reviewers who assessed State and territorial readiness of EMS and 9-1-1 for a pandemic event. Moving forward, Oliver will be working to support the development of questions on seasonal and pandemic influenza for inclusion in the 2009 Longitudinal EMT Attributes and Demographics Study survey conducted by the National Registry of EMTs.

As part of his career development, Oliver is currently detailed to the Pandemic Influenza team in the Office of the Secretary of Transportation. There he is developing pandemic influenza employee education programs and working with several Federal agencies to conduct pandemic-centered workforce risk assessment, and to develop a respiratory protection plan. He has also functioned as a reviewer on the Transportation Appendix of the State Pandemic

influenza Operations Plan, and is currently working to develop risk-based border screening strategies and protocols for airport handling of international passengers in the event of a pandemic.

Drawing on his strong background in science and health, Oliver has also been able to function as the DOT subject matter expert in the development of the HHS Animal Disease Playbook and the DHS Aerosolized Anthrax Strategic Guidance Statement and Strategic Plan. Additionally, he serves as the DOT principal representative to the National Biosurveillance Integration System, as well as a DOT representative to both of the White House Homeland Security Council's Sub-Policy Coordinating Committees on Pandemic Influenza and Anthrax Preparedness.

## STATE EMS TECHNICAL ASSESSMENTS

To date, 52 State, Territory, and Program EMS Assessments have been conducted, as well as 16 State EMS Reassessments. During FY 08, a State EMS Reassessment was conducted in North Dakota. For more information on State EMS Technical Assessments, contact Susan McHenry.

## THE EMS WORKFORCE

### NEW! EMS WORKFORCE REPORT

The optimal EMS workforce is one that is healthy, well-trained and educated, adequately compensated and sufficient in number. What's the status of the current EMS workforce, and what issues should be addressed to achieve the optimum?

As a first step in answering these questions, NHTSA Office of EMS, in partnership with the Health Resources and Services Administration, funded a research project led by the Center for Health Professions and School of Nursing at the University of California San Francisco, with assistance from the Center for Health Workforce Studies at the University of Washington. The intent of this research is to provide guidance to the EMS community in ensuring a viable EMS workforce for the future. Research questions included the following:

- \* Will the EMS workforce be of adequate size and composition to meet the needs of the U.S. population in the future?
- \* How can potential workers be attracted to and encouraged to stay in the field of EMS?
- \* How can adequate EMS workforce resources be available across all populations and geographic areas?
- \* Do we have the data and information needed to address the future demand for EMTs and paramedics in the United States?
- \* What information is lacking now and how might it be obtained?

A report addressing these questions has been published, titled, "EMS Workforce for the 21st Century: A National Assessment." This report outlines methods and data used to analyze the current status of the EMS workforce, and defines key findings and policy issues identified by researchers.

The report is being used by NHTSA and its partners in drafting the *EMS Workforce Agenda for the Future*. Scheduled to be completed in spring 2009, this publication will provide a vision for the future of the EMS workforce in the United States. At the same time, NHTSA is involved in ongoing efforts to improve the safety, health,

and wellness of EMS workers, including collaborating with the National Institute for Occupational Safety and Health (NIOSH) to improve worker injury surveillance and ambulance safety.

To download "EMS Workforce for the 21st Century: A National Assessment," go to [www.ems.gov](http://www.ems.gov), click on "Workforce," "Resources," and select the document. For more information on the Workforce project, contact Gamunu Wijetunge.

## TRACKING EMS WORKER ILLNESS & INJURY

For the past four years, the NHTSA Office of EMS has provided fellowship opportunities for recent public health graduate students through the Association of Schools of Public Health. Jerry Poplin, one of NHTSA's current Public Health Fellows, is utilizing his background in the field of injury epidemiology and occupational health and safety to evaluate the concerns of injury within the EMS workforce. His primary efforts are focused on assisting in the development of the *EMS Workforce Agenda for the Future* by investigating the potential for the proposed EMS-Workforce Illness and Injury Surveillance Program — a conceptual model for tracking data related to EMS workforce injury and illness.

Poplin has also reviewed a NIOSH pilot project geared toward capturing details of specific incidents for injured/ill EMS workers through the National Electronic Injury Surveillance System (NEISS). The goal of the NEISS-Work pilot project is to evaluate NEISS for its potential use in tracking injury of EMS providers at the national level. (For more information on these projects, and other EMS workforce issues, contact Gamunu Wijetunge.)

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