

## **FEDERAL INTERAGENCY COMMITTEE ON EMS MEETING MINUTES**

**JANUARY 20, 2010**

### **INTRODUCTION**

The Federal Interagency Committee on Emergency Medical Services (FICEMS) met on Wednesday, January 20, 2010 from 9:30 a.m. to 12:30 a.m. at the Humphrey Building (HHS HQ) in Washington, D.C.

### **MEMBERS IN ATTENDANCE**

#### **Department of Transportation (DOT)**

Brian McLaughlin  
Senior Associate Administrator  
National Highway Traffic Safety Administration

Drew E. Dawson  
Director, Office of Emergency Medical Services (OEMS)  
National Highway Traffic Safety Administration (NHTSA)

#### **Department of Homeland Security (DHS)**

Jon Krohmer, M.D.  
Acting Assistant Secretary for Health Affairs  
Chief Medical Officer  
Office of Health Affairs

Chief Glenn Gaines  
Deputy Assistant Administrator  
U.S. Fire Administration (USFA)

#### **Department of Health & Human Services (HHS)**

Kevin Yeskey, M.D., FACEP, Chair of FICEMS  
Deputy Assistant Secretary  
Office of Assistant Secretary for Preparedness and Response (ASPR)

Jean Sheil  
Centers for Medicare & Medicaid Services (CMS)

on behalf of

Thomas Hamilton  
Director, Survey and Certification Group  
Centers for Medicare & Medicaid Services

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Rick Hunt, M.D.  
Centers for Disease Control and Prevention (CDC)

on behalf of

Henry Falk, M.D.  
Director, Coordinating Center for Environmental Health & Injury Prevention  
Centers for Disease Control and Prevention

David Heppel, M.D.  
Maternal and Child Health Bureau  
Health Resources and Services Administration (HRSA)

On behalf of

Peter Van Dyck, M.D., MPH  
Associate Administrator, Maternal and Child Health  
Health Resources and Services Administration (HRSA)

Betty Hastings

On behalf of

David Boyd, MDCM, FACS  
EMS Coordinator  
Indian Health Services

#### **Department of Defense (DOD)**

Mark Gentilman, M.D.  
Office of the Assistant Secretary of Defense (Health Affairs)

#### **Federal Communications Commission (FCC)**

David Furth  
Deputy Chief, Public Safety and Homeland Security Bureau

#### **State EMS Director**

Robert Bass, M.D.  
Executive Director, Maryland Institute of Emergency Medical Services Systems

#### **BACKGROUND**

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was established by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (42 U.S.C. § 300d-4). FICEMS is charged with coordinating Federal Emergency Medical Services (EMS) efforts for the purposes of identifying state and local EMS needs, recommending new or expanded programs for improving EMS at all levels, and streamlining the process through which Federal agencies support EMS.

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## **MEETING SUMMARY**

### **OPENING REMARKS**

The seventh FICEMS Meeting was called to order by Chair Kevin Yeskey, M.D., Office of Assistant Secretary for Preparedness and Response (ASPR). He welcomed members of the Committee, and audience participants. Dr. Yeskey announced a change in the program: election of a new chair would be moved forward to the beginning of the meeting since he had to leave shortly to attend to pressing matters around Haiti disaster relief. Mr. McLaughlin would then take over the chair.

At the request of Dr. Yeskey, Committee members introduced themselves to the group, and audience participants announced their names and affiliations for the record.

New NHTSA Administrator, David Strickland was nominated as FICEMS' chair and the nomination was seconded. There were no other nominations, and Mr. Strickland was unanimously elected.

### **APPROVAL OF MINUTES, BRIAN McLAUGHLIN**

Mr. McLaughlin asked for approval of the minutes from the 3 June 2009 meeting. Ms. Hastings pointed out several mistakes in the minutes (on page 3, date of meeting whose minutes were approved at last meeting should be 3 December, 2008 – instead of 2009; and on p4, the virus should be identified as H1N1 – instead of N1H1). With amendments made to correct those errors, and after a motion and a second, the minutes were approved unanimously.

### **EMS STAKEHOLDER MEETING, RICK PATRICK**

Mr. Patrick explained the meeting had been under discussion in the Technical Working Group for FICEMS for the last half year. The aim is a “boots on the street” input from EMS and 911 first responders, by invitation. DHS is paying for travel for the meeting, whose venue was recently set as NHTSA/DOT headquarters, March 17-18. RSVPs will be required due to limited space. About 30 first responders will be invited, as well as federal, and other, interested parties.

The meeting will be “non-consensus” - i.e. its aim is to solicit input and thoughts. Mr. Patrick urged Committee members to forward to him any questions or ideas they thought should be discussed at the meeting. Mr. Dawson added that the meeting will provide an opportunity to bring participants up to

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speed on the activities of the respective federal agencies.

At this point Dr. Yeskey took his leave of the meeting.

## **NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) RECOMMENDATIONS/PROPOSED STRATEGIES**

### Mexican Hat Recommendations H-09-4, Laurie Flaherty

Mr. Dawson offered to first set the stage for the discussion of this item. FICEMS had received several sets of recommendations from NTSB. The first concerned a bus crash in southern Utah. The other two were part of a separate set of recommendations on helicopter emergency medical services, directed directly to FICEMS. Letters from NTSB to FICEMS, showing the full context of the recommendations were included in participants' binders. The technical working group worked on proposed responses to NTSB.

Ms. Flaherty presented to the committee a planned response to NTSB. The Board asked for the development of a plan that could be used by states and the 911 Public Safety Answering Points, to pursue funding of enhancements of wireless telecommunications coverage, to facilitate accident notification and emergency response along high-risk rural roads and along rural roads with substantial large-bus traffic.

Ms. Flaherty said an ad hoc group was formed to respond. It has proposed a plan with the following components:

- Needs assessment and gap analysis
- Options for filling those gaps along with cost information
- Funding options
- Potential collaborations to accomplish the work
- Additional resources, sources of information and how to acquire them

Ms. Flaherty said an existing contract with Booz Allen to support the 911 program could be extended to cover some work to support this plan. With that support, input would be sought from both public and private entities and various subject matter experts. When that is done the next step would be to form a draft plan to be completed by June 2010, which would then be vetted by the experts, with a final plan to be presented to FICEMS by December 2010.

In response to a question by Mr. McLaughlin, Ms. Flaherty thought this new program could be folded into the 911 grants program.

In response to a question as to whether the plan would include looking at buses to and from casinos on Indian reservations, Mr. Flaherty indicated it indeed would include that as part of its focus on rural areas. She added that consideration would also be given to alternatives to wireless communications, as not all rural areas could accommodate wireless communications.

In response to a question from Mr. Furth about the possibility of mapping gaps in wireless coverage, Ms. Flaherty indicated that was indeed a possibility.

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Mr. McLaughlin asked for and received a motion that the Committee approve the plan outlined by Ms. Flaherty. It was seconded and approved unanimously.

Mexican Hat Recommendations H-09-5, Robert Bass, M.D.

Dr. Bass addressed the second recommendation from the NTSB related to evaluating the system of emergency care response to large-scale transportation incidents in rural areas. (Once the evaluation is completed, guidelines for improving response will be elaborated, specifically targeted to the states.)

The plan FICEMS is now proposing would involve collaboration with the Institute of Medicine, which has a forum on medical and public health preparedness for catastrophic events. The tentative plan is to hold a workshop in the summer, 2010, and to take the proceedings of the workshop and use it to develop guidelines.

The guidelines would be developed by working with the National Association of EMS Officials – specifically their Highway Incidents Transportation System (HITS) Committee along with the Rural EMS Committee.

Mr. Dawson said the proposal was to add this task to the existing cooperative agreement with the National Association of EMS Officials.

Dr. Bass added that the guidelines would hopefully be completed by summer 2011.

Mr. McLaughlin asked for and received a motion that the Committee approve the plan outlined by Dr. Bass. It was seconded and approved unanimously.

Helicopter EMS Recommendations A-9-102, Rick Hunt, M.D. and Cathy Gotschall

Mr. McLaughlin asked Mr. Dawson to set the stage for discussion of this item.

Mr. Dawson recalled that the NTSB held a four-day hearing on helicopter emergency medical services activities. From that meeting the NTSB made a number of recommendations, including several directed specifically to FICEMS. There is also a study of helicopter medical services being conducted by GAO. Mr. Dawson asked Gerald Dillingham to provide an update on that.

Mr. Dillingham, director of civil aviation issues, Government Accountability Office, said his office has been looking at helicopter safety issues for years. Bills are pending in the Senate and House concerning Helicopter EMS. Mr. Dillingham's office is currently undertaking a study, at the request of Congressman Jerry Costello, chairman of the House Aviation subcommittee. The focus of the study is the issue of state role, vs. federal role, especially with regard to the Airline Deregulation Act. His office expects to talk to most of the Committee members, and the state EMS directors, to get their input for the report. The reports' conclusions will feed into the pending legislation.

Dr. Bass recalled that in congressional testimony last summer on behalf of the state EMS directors, he stressed the hope that patient safety be weighted to the same degree as aviation safety. The EMS directors are not proposing that states take over regulation of aviation. But with the explosive growth of air medical programs in the US in the past decade – often free-standing companies -- states are increasingly having a hard time integrating those services into the EMS system.

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Mr. McLaughlin said that a major policy concern of Congress is to not create barriers to access of new entrants to the marketplace – across all transportation modes, e.g. trucking and certainly helicopter services. The problem for the safety community is to try to find a way to ensure that patient care issues are adequately addressed, without running afoul of these issues, i.e. without having a situation where the states pick winners and losers in terms of who can compete.

Dr. Hunt then took the floor and said he would be referring to two documents in Committee members' packets: the NTSB safety recommendations, and the proposed FICEMS responses to the recommendations. The recommendations ask that FICEMS develop national guidelines for:

- 1) The use and availability of helicopter emergency medical transport, by regional, state and local authorities during emergency medical response system planning.
- 2) The selection of appropriate emergency transportation modes for urgent care.

Documents A-09-102 and A-09-103 outline FICEMS proposed responses to the NTSB recommendations. There are two critical components to the issue at hand: the first is aviation safety (is it safe to fly?) and the second is medical necessity (what is the best mode of transportation for the patient?). These two issues are interrelated, but a clear distinction between the two needs to be made. The two NTSB requests, and our two responses really do not address the aviation component, but rather only the medical one.

As a first step FICEMS proposes to develop and implement evidence-based guidelines for the helicopter transport of injured patients – again, these would be evidence-based medical indications. This would be done through a contract with the Children's National Medical Center that NHTSA has already developed, to help elaborate those evidence-based guidelines. They would then be implemented at the state level, in this case, the state of Maryland. Once the guidelines are developed, input would then be solicited from national stakeholder organizations, administrators from EMS systems – spanning rural and urban settings, field providers and patient care representatives, to then develop national guidelines for the use of helicopters by regional local and state EMS agencies – again, focused on medical indications and not aviation issues. National guidelines would be developed through an inter-agency agreement by NHTSA and the Centers for Disease Control and Prevention.

The Medical Oversight Committee would provide input as that process evolves. Dr. Hunt stressed that implementation of national guidelines is a huge challenge – as critical as development of the guidelines.

Mr. Dawson called on Cathy Gotschall to provide further technical information.

Ms. Gotschall said that in addition to patient safety and aviation safety, another consideration is the systems planning issue: e.g. how do you choose a mode of transport when, for example, helicopter transport is not medically indicated, but using ground transport would take a community's only ambulance out of the area for, say, 12 hours. That's the third issue after the aviation and medical questions: how to provide systems with guidelines on dealing with such questions.

Mr. Dawson recalled that there was a national conference on evidence-based practice guidelines for EMS services. A request for proposals was put out to test evidence-based practice guidelines, without specifying the topics to be tested. Children's National Medical Center, unbeknownst to Mr. Dawson and his colleagues, had already applied for a grant to do one of the evidence-based practice guidelines around helicopter emergency medical services and trauma transport. So, serendipitously, that fit into the recommendation from the NTSB and allowed the awarding of a grant in record time.

In response to a question about a doctor's role in deciding whether or not to use emergency helicopter transport, Dr. Bass said the issue was very complicated. He recalled a project with the CDC, completed a couple of years ago, looking at who needs to go to a trauma center. The problem is really a two-step one: 1. Who needs to go to a trauma center, and 2. How to get them there. The new study under discussion will be evidenced-based and will therefore have a medical foundation to its conclusions in determining that the helicopters are used most appropriately. The challenge will be access: if you don't make helicopters available to rural areas, will the service be able to get patients to a trauma center? Even a two-hour trip could be too long (two hours each way plus a one-hour turn around time would mean the ambulance would be away for five hours). Dr. Bass said the study with the CNMC would be done in a very medical-centered way to build the evidence base, but the operational issues will have to be taken into consideration as well.

In response to a comment from a Committee member, Dr. Bass stressed the need for a “fire wall” separating aviation safety from medical need. A pilot needs to be able to make a decision about the safety of a proposed flight without the pressure of the medical issues.

Mr. Dawson noted that out of the various uses of air medical transport, the focus of the current proposal is pre-hospital trauma patients.

Mr. McLaughlin noted that item 6 on the proposed strategy calls for written updates every six months. He suggested it would be more reasonable to change it to “periodic” updates. Mr. McLaughlin asked for and got a motion that the Committee approve the suggestion. It was seconded and approved unanimously.

Mr. Dawson proposed a 10-minute break and Mr. McLaughlin, as chairman, so decided. The break started at 10:35.

**BREAK**

#### **BRIEF UPDATE FROM DHS, SCIENCE & TECHNOLOGY DIRECTORATE, JAMES GROVE**

Mr. McLaughlin asked Mr. Patrick to introduce the next speaker, James Grove.

Mr. Grove explained that the Science & Technology Directorate uses an Integrated Product Team (ITP) approach to resolving issues. The Directorate has three portfolios, in innovation, transition, and basic research. The capstone IPTs reach across such things as interoperability, and information sharing.

Mr. Dawson mentioned that there is a copy of this information in participants' packets.

Mr. Grove continued, saying that until 2009, the Directorate had 12 of the capstone IPTs, which were led by the DHS component customer base and supported by the S&T division. The former Under-Secretary proposed adding a 13<sup>th</sup> IPT for first responders and covers the four primary disciplines: law, EMS, fire, and emergency management. Congress consequently provided \$12 million, \$2 million of which is set aside for the Naval post-graduate school to assist the Directorate in field testing and prototypes, and the other \$10 million is for program management and the development of solution sets to identified capability gaps.

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Technical problems prevented the projection of a Power Point presentation. So Mr. Grove referred participants' attention to copies of the slides in one of the documents included in their packets.

For the first responder IPT, the Directorate has a first responder research, development, technology and evaluation working group with representatives of ten associations and 28 practitioners. This stakeholder advisory board looks at the risks and dangers that they see in the field, and the benefits of various potential technology solutions. Unlike the other IPTs, this one uses an operations requirement document that is then put up on the SECURE (System Efficacy through Commercialization, Utilization, Relevance and Evaluation) website that industry can see and use to develop products to specific standards.

A First Responders Coordinating Council oversees the money distribution. So the working group comes up with what they believe are their top capability gaps, and the Coordinating Council considers solutions. The Directorate works very closely with the FEMA grants program directorate to make sure the solution sets put forward are ones that can be funded and applied without too many glitches.

One important issue is making sure that solutions are affordable; the Directorate is well aware of that requirement.

Mr. Grove said the Directorate was always looking for associations and others to help vet the field trial process, to make sure they produce valid results. One of his slides showed the results of the first responders' meeting in September, which considered cross-cutting technologies in the following areas: 1) Common Operating Picture, 2) Respiratory Safety, 3) End-to-End Incident Management, and 4) Tracking.

Mr. Grove then turned to a slide identifying the Sub-Group Capability Gaps that were identified by the other three groups, minus EMS:

- Chemical Detector
- Personal Alert and Tracking System
- Ergonomic Respirator
- Data Integration and Interoperability
- Alert and Warning System
- Data Analysis and Situational Awareness
- Biometric Field Identification
- Less Lethal Vehicle Incapacitation
- Handheld Weapon Detection

Referring to the next slide, Mr. Grove indicated that the Emergency Medical Services Sub-Working Group is currently looking for solutions in three areas:

- Real Time Patient Tracking
- Ambulance Safety Standards
- Ergonomic Respirator

In Real Time Patient Tracking, the Group is seeking a “one-box technology”: a handheld device to be used on the scene that gives hospital status, allows patient tracking, with triage tags, and could be

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integrated with the ambulance run sheets, etc.

Ambulance Safety Standards are expected to take some time; the Group is also soliciting input on the Ergonomic Respirator, and is anxious to get it right and to avoid duplicating efforts of others.

The Group is setting itself an initial timeframe of 12 – 18 months – considerably shorter than the typical 2 to 3 years.

## **TECHNICAL WORKING GROUP COMMITTEE REPORTS, WORK PLAN UPDATES**

### Overview, Drew Dawson

Mr. McLaughlin asked Mr. Dawson to introduce the item.

### Assessment, Rick Patrick and Cathy Gotschall

Mr. Patrick then began the presentation. He noted that participants had the EMS Assessment Committee's plan in its packets – this is essentially its report.

Ms. Gotschall then took the floor and pointed out that the National EMS Assessment is really a collaboration between the University of North Carolina, the NEMSIS Technical Assistance Center, and the Critical Illness and Trauma Center. There was a kick-off meeting in the fall. In early December the team met in Washington DC with the National Association of EMS Officials. Just a few days ago Ms. Gotschall received their outline. The main intent of this first assessment is to use existing data to make a baseline assessment of the state of EMS in the United States right now, and also to identify the assessment gaps: the things we would like to know about the state of EMS but have no data on. It's a two-year performance period with an optional third year. The principle investigator is Dr. Greg Mears.

Mr. Dawson added that the FICEMS Assessment Committee would provide guidance to the project.

Mr. Patrick said the Preparedness Committee last year produced a preparedness assessment similar to the EMS assessment. However, the resulting product was “less than acceptable” and FICEMS, at last year's meeting, rejected the report. So FICEMS incorporated all the data set requests within that RFP and applied them to this EMS assessment. Dr. Bass, as chair of the Preparedness Committee, is working very closely with the EMS Assessment Committee.

Ms. Gotschall said the Preparedness Committee has invited members of the Assessment Committee to join them on their next monthly conference call at the end of January. Also joining will be Kevin McGinnis one of the investigators from the UNC project to address specifically issues of EMS preparedness.

Another area the Assessment Committee identified as a priority is interoperability of EMS communications, and trying to figure out, as a number of initiatives move forward on improving interoperability, how do we assess that? We hope to develop a self-reporting instrument as a way to begin to get a hand on that, she said.

Another focus area is the funding of EMS systems and cost effectiveness. There is a study currently funded by NHTSA, looking at definitions of EMS systems and characteristics of different EMS systems. Ms. Gotschall said the Committee will use it to look at how different systems are funded, and

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what is working and what isn't.

Medical Oversight, Rick Hunt, M.D.

Dr. Hunt thanked Ms. Gotschall and then mentioned that the discussion the Committee had earlier on helicopter EMS recommendations to FICEMS will shape the activity of the Medical Oversight Committee for the foreseeable future. On a separate issue, he brought up a letter that had been sent to agencies and departments, on incorporating medical oversight into grants related to EMS. The component on medical oversight in grants was found to be “not nearly where we would like it to be,” and should therefore be looked at again.

Ms. Gotschall added that the Committee would continue to expand its efforts on evidence-based practice guidelines. In addition, the Children's National Medical study will also be developing evidence-based guidelines for pre-hospital pain management as a way of testing the evidence-based guideline model process. She expects the Medical Oversight Committee to continue to monitor that process and refine and promote it.

Data/Research, Cathy Gotschall

Ms. Gotschall then turned to the work of the Data/Research Committee. (The Committee's co-chairs, Mr. Kavanaugh and Ms. McHenry, who could not attend, asked her to present the Committee's two-year work plan.) The Committee's two main focuses are: 1) exception from informed consent and promoting the use by Institutional Review Boards (IRBs) of those exceptions for emergency research, and 2) expanding the utilization of NEMESIS data – increasing access to the data, promoting understanding of its uses, and promoting the linkages between NEMESIS and other data sources.

The Committee wants to hold a webcast and in other ways further disseminate the document that came out of a conference on exemptions from informed consent for research, held several years ago. The Committee also wants to find ways to help IRBs standardize and centralize their reviews. To that end they hope to develop a tool kit for IRBs and to look at various models currently used in some of the institutes of health for more centralized IRB review. This is an issue affecting especially multi-institution studies, which must go through dozens of IRBs.

Mr. Dawson noted that on the Committee are representatives of both NIH and FDA.

In answer to a question as to whether it would also be helpful for the Committee to initiate a dialogue with SAEM - the Society of Academic Emergency Medicine, and NAEMSP - the National Association of EMS Physicians, Mr. Dawson answered that that was already the case. The document was produced under a contract with those two groups and is in fact “predominantly their document.”

Ms. Gotschall commented that the Committee hopes to develop a resource to help other groups understand NEMESIS data, how they could use it, and to highlight best practices among states and EMS offices and researchers that are using NEMESIS data. Another aim is to promote increased linkages with HL7 health care database sets, as well as with other large data sets such as state trauma registries.

The Committee intends to improve the use of data in research to improve EMS safety by creating a tool kit for local implementation of an EMS patient safety program, as well as highlighting best practices among EMS agencies. The focus is really to promote and encourage the use of NEMESIS data in the review of patient and provider safety. Finally, the aim is to include identified gaps in emergency care

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research in federal funding announcements.

The floor was opened for questions, and Ms. Hastings asked whether other systems use WebCident for patient safety information or incidents. She added that the Indian Health Services was using it successfully.

9-1-1/Medical Communications, Laurie Flaherty

Mr. McLaughlin then called on Ms. Flaherty to present an update on 9-1-1/Medical Communications. She said that in the process of carrying out the tasks in their first two-year work plan, they discovered that much of the work was already being done by various federal agencies. So rather than do redundant work, the Committee decided to simply continue participating in other bodies. At the same time, the 911/Med communications Committee will continue its work with regards to the NTSB recommendations on an ad hoc basis and then go dormant, unless another issue is identified.

Preparedness, Robert Bass, M.D. and Gamunu Wijetunge

Mr. McLaughlin called on Dr. Bass and Mr. Wijetunge to make a presentation on the Preparedness Committee.

Dr. Bass recalled that the Committee sent a letter to HHS Secretary Kathleen Sebelius last summer regarding some key wording the Committee felt needed to be included in the National Health Security Strategy, which was submitted to Congress at the end of December. That key wording was: “communities should also be protected by coordinated emergency medical services systems. An EMS system is essential to the nation's preparation for the initial emergency medical response to catastrophic incidents.”

The second issue has to do with the Homeland Security 2010 grant program. Dr. Bass was very pleased to report that after sharing a series of letters the Committee sent on the issue over the last couple of years, this year's Homeland Security grant program includes language that allows grant funding to be used for NEMSIS implementation, medical oversight, and development of state EMS systems.

The Committee's work plan has three primary focus areas: Pan flu preparedness, Multiple Casualty Incident (MCI) triage, and MCI preparedness.

On Pan flu preparedness, the Committee is monitoring implementation of the FICEMS report, published and distributed last Dec (and distributed at the present meeting), on “State EMS System Pandemic Influenza Preparedness.” Item 1.3, p13 of the report calls on Congress to establish a dedicated grant-funding program that addresses Pandemic Influenza Preparedness for EMS. This would be outside the statutory scope of existing grant programs, targeted to address many of the deficiencies that the report describes.

Following a question as to who would be eligible for such grants, Mr. Dawson and Dr. Bass indicated that FICEMS was in the process of developing a dedicated meeting on the issue.

On MCI triage, the Committee has been working in close coordination with CDC's TIIDE project that recently developed a proposed scheme for MCI triage. The Committee's principle goal here is to develop some uniform criteria that could potentially be incorporated into national EMS education standards with enough specificity to ensure interoperability among the various providers that will be

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doing triage, as well as the education programs that put out teaching material on triage, so that no matter who you are or where you were trained the triage can work together in a coordinated way.

Finally, Dr. Bass indicated his Committee was working closely with the Assessment Committee to make sure that the preparedness component of that assessment is sufficient for them to do the gap analysis in order to develop some recommendations regarding how to move ahead with improving EMS preparedness in the future. The Committee is continuing to monitor developments in the review of the Mexican Hat accident.

Mr. Wijetunge then mentioned that the committee will be working with the Technical Working Group to discuss the potential grant program. On the subject of the EMS assessment, Mr. Wijetunge said that FEMA currently has some pending Congressional reporting requirements related to EMS assessment, and Mr. Wijetunge's Committee is working with them to coordinate their efforts.

Ms. Hastings asked to which body she could hand off a comprehensive tribal EMS assessment. Mr. Wijetunge promised to get an answer.

#### Safety, Rick Patrick

Mr. McLaughlin then called on Mr. Patrick for the Safety Committee report. Mr. Patrick explained that the Safety Committee was quite new, having had its inaugural meeting last November, but was already very active. He asked for recommendations of any other groups that should be represented on his Committee.

At its meeting, the Committee discussed what each of the other relevant agencies are currently doing concerning EMS safety. Importantly, many of the initiatives were found to be close to what the National EMS Advisory Council's Sub-Committee on Patient Safety had also presented as their priorities. So, happily, "the message is that we are all on the same song sheet, singing the same song."

Mr. Patrick's Committee came up with a two-year plan containing three core focus areas to essentially build on what the other groups are doing: EMS Provider Safety and Health, EMS Patient Care Safety, and EMS Safety Data Research. Concerning the last area, some sort of federal collection of safety data is needed, since currently there is no one repository where that data exists. Per Mr. Patrick, unlike fire fighting data, the EMS safety data that exists is "pretty poor".

The Safety Committee has a draft position paper that it will probably bring to FICEMS' next mid-year meeting for approval. It would serve to inform all of FICEMS' work on the issue of safety, and most importantly would help providers on the street understand FICEMS' positions in this area.

Mr. Patrick added that the EMS Safety Committee, in collaboration with a lot of the FICEMS members – including Mr. Grove of DHS's Science & Technology Directorate, HIOSH – the CDC's National Institute for Occupational Safety and Health, and NIST – the National Institute of Standards and Technology are all planning to meet shortly at NIST in Gaithersburg, M.D., to spend an afternoon talking with the engineers and scientists there about a number of things they are already doing to support EMS safety and to help steer the use of evidence-based research.

#### Education and Workforce, Mike Stern

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Mr. McLaughlin called on Mr. Stern to present an update of the Education and Workforce Committee. Mr. Stern pointed out that it is a new committee, and has not yet met. However he looked forward to it being active during 2010.

Mr. Gaines commented that the number three cause of firefighter death and injury is transportation incidents, going to and from fires. So he and his colleagues have decided to create a 7-minute video on the issue. It should be available in about three weeks.

#### **EMERGENCY CARE COORDINATION CENTER, SABINA BRAITHEWAITE, M.D.**

Dr. Braithwaite presented apologies from Dr. Mike Handrigan, who could not be present. She mentioned the Center's regionalization efforts, based on information received through some RFAs and a regionalization roundtable the Center sponsored last fall. A program announcement is imminent, she said. As always, the Center's overarching goal is seamless integration of emergency care.

#### **NATIONAL EMERGENCY SERVICES ADVISORY COUNCIL (NEMSAC), DREW DAWSON**

Mr. McLaughlin called on Mr. Dawson to present an update of NEMSAC's activities. NEMSAC has been very active the last several years. It has four or five committees that have done substantial work on various issues and have made recommendations to NHTSA and to FICEMS. Not all the recommendations to FICEMS have yet been vetted. Mr. Dawson pointed out that all the recommendations are contained in two spreadsheets in participants' packets.

The recommendations to FICEMS cover topics ranging from the national EMS safety database that Mr. Patrick discussed, to better integration of the National EMS Education Agenda, enhanced research, working on a culture of safety, and a variety of others. Rather than discuss them all in detail, Mr. Dawson suggested getting them each to the relevant Technical Working Group to review and then make recommendations on them back to FICEMS.

Mr. McLaughlin asked for a motion to approve Mr. Dawson's suggestion. It was seconded and approved unanimously.

Mr. Dawson said that NEMSAC is required to produce an annual report to Congress, which it has chosen to do on a calendar-year basis. The latest report will have a substantial amount of activities to document, including FICEMS' pan-flu assessment. Mr. Dawson indicated that with the Committee's approval, he would circulate this latest report to members electronically within the next 45 days.

Mr. McLaughlin asked for any final comments or business. Ms. Hastings made a request that all FICEMS' initiatives and announcements expressly include the word "tribal" among the populations and administrations to be involved.

With that, (and with the election of a new chair having been moved to the beginning of the meeting), Mr. McLaughlin thanked all the participants and adjourned the meeting at 11:54.

END