

Preliminary Notes

National EMS Preparedness Initiative Policy Summit

April 2 – 4, 2007 - Washington DC

Fifty-six EMS Chiefs, Officers, Administrators and Directors from America's largest cities, as well as representatives from EMS-related associations, gathered for the second Policy Summit to discuss salient issues regarding the EMS role in protection, preparedness, response, and recovery. Participants of the second National EMS Policy Summit represented the full spectrum of delivery models, including but not limited to: hospital-based, fire-based, private for-profit and third service providers. Fifteen observers were also present but did not participate in discussions or voting.

This Summit was convened by The George Washington University's Homeland Security Policy Institute through a grant from the Department of Homeland Security as a follow-up to the first summit which was held October 16-17, 2006 in Washington, DC. The grant is being used for activities such as the Summit to develop research, education, and policy on EMS in America's largest cities.



How Did the Meeting Work?

Participants at the second National EMS Preparedness Summit were divided into small discussion groups of seven. Each group had its own table facilitator, recorder, and Steering Committee member to ensure that every participant had the opportunity to voice their opinion.

On Monday, participants discussed the National Response Plan (NRP) Emergency Support Function (ESF) recommendation from the Steering Committee and interacted with a panel of executive branch representatives from the Departments of Transportation, Homeland Security, Veterans Affairs, and Health and Human Services.

Tuesday's discussions focused on three key issues:

1. Medical practice portability and use of protocols when EMTs and Paramedics respond to a large scale incident outside their jurisdictions
2. PPE standards for EMTs & Paramedics who are responding to a large scale event
3. Educational programs for better preparing EMTs & Paramedics for their response to a large scale event

Ideas from each table discussion were collected using networked computers at every table. A "theme team" reviewed the comments from all of the tables simultaneously and reported the common ideas back to the group within minutes. Then using keypad polling devices, the participants reviewed and prioritized these ideas in order to develop clear recommendations. The results from the polls were reported instantly to the group via large screens.

On Wednesday, participants first discussed the revised ESF recommendation. Next, they heard a presentation on EMS Information Gathering for Public Safety and discussed the issue. The Summit concluded with a review of the accomplishments from both Summits and a discussion of how to move the recommendations forward.

Highlights from the Keynote Address

R. David Paulison, Under Secretary for Federal Emergency Management, Director of FEMA, welcomed the participants to Washington, DC and thanked them for their public service. He also addressed:

- EMS as the "lost souls" of Washington, lacking a federal office equivalent to that of law enforcement and the fire service
- EMS as a key part of the emergency response system
- The "New FEMA" as a stronger, more nimble organization that will work for the public and not government; capitalize on partnerships with private entities; manage assets more effectively and efficiently; and embed preparedness as a core mission

Hopes for the Summit

At the start of the Summit, participants were asked to reflect on what they hoped to accomplish during the three-day Summit. Participants said they hoped to:

- Define what EMS is and speak with a united voice
- Bring the EMS message forward
- Learn what the federal government thinks about and expects from EMS
- Consolidate strategies and push them down to smaller systems
- Define preparedness across provider types
- Identify people in federal government to move the agenda forward
- Continue the work from the first conference

Steering Committee Initial Proposal:

National Response Plan Amendment – Implementing an Emergency Medical Services Emergency Support Function (ESF)

The Steering Committee proposed that the participant EMS Chiefs, Directors, and Administrators recommend to DHS that a separate ESF be created to address the matter of federal support for EMS response operations and to assign a coordinating entity when an incident of national significance is declared that requires the response of out of hospital EMS resources. The principle of the new “EMS Response” ESF would be to establish and sustain an effective process for coordinated Federal assistance to supplement state, local, and tribal out of hospital EMS resources in response to any potential or actual Incidents of National Significance or any other medical situation that requires activation of the National Response Plan.

SCOPE of EMS Response ESF

The EMS Response ESF manages and coordinates all out of hospital emergency medical services activities, including the triage, treatment, and transport of ill or injured persons on Federal lands, and provides personnel, equipment, and supplies in support of state, local, and tribal agencies involved in out of hospital EMS response operations.

The scope of the ESF would include:

Out of Hospital Emergency Medical Services
Needs Assessment

Out of Hospital Emergency Medical Services
personnel including EMT’s, EMT/I’s and Paramedics
as well as other associated emergency care
response personnel

Out of Hospital Emergency Medical Services
equipment and supplies

Out of Hospital Emergency Medical Services
personnel safety

Alternative Proposals

Participants discussed the ESF proposal and offered the following alternatives:

- Pre-hospital care instead of out-of-hospital
- Use “emergency medical care” as title of ESF to take into account hospitals

Alternatives to Scope

Participants offered the following alternatives to the scope of the ESF:

- Catastrophic mass casualty response banner
- Patient tracking piece
- Include NGOs in a plan with a surge / major event
- Training and exercise language
- Under “manages and coordinates”, include NIMS verbiage
- Communication and interoperability as part of “manages and coordinates”
- Have a national standard and protocol and ability to identify skills – standards and portability
- Should be mission-based – not between private vs. public
- Confine new ESF to pre-hospital/out of hospital services

Lessons from the Executive Branch Panel

On Monday afternoon, participants heard from a panel of federal officials from the executive branch. Table groups identified the following as some of the lessons that came from the presentation:

- Chiefs need to take ownership of EMS issues— cannot rely on the feds to be successful, and they need to listen to us
- Four different Federal agencies...who to go to?
- Nothing new, same things we’ve been hearing... “they’re here to help us”
- Panel recognizes EMS as system overall, not us as individual players
- Panel constraints – too many agencies involved, no true focus on EMS, part of multiple agencies. Need to legislate solutions
- Still missing definition of EMS – missing a champion
- We didn’t know who the panel members are though they come from the field and are working on our behalf
- We need to know what’s going on around us, not just siloed in our city or state. We need to play on the federal level

Tuesday’s discussions focused on three key issues:

- Medical practice portability and use of protocols when EMTs and Paramedics respond to a large scale incident outside their jurisdictions
- PPE standards for EMTs & Paramedics who are responding to a large scale event
- Educational programs for better preparing EMTs & Paramedics for their response to a large scale event

1. Medical practice portability and use of protocols when EMTs and Paramedics respond to a large scale incident outside their jurisdictions

The Summit participants described the issue as:

- Lack of consistent scope of practice and credentialing standards state to state (during a disaster whose rules should be followed?)
- Verification of credentials – unable to verify the authenticity of credentials presented
- Lack of agreement on standardized protocols leading to conflict in the field (whose protocols should we use?)
- Who assumes liability when operating outside of your jurisdiction?
- EMAC – lack of understanding of the interface with private/NGO resources are included in EMACs

The following key recommendations emerged from the table conversations:

- Create a National EMS credential that is recognized by all

Strongly Oppose	2%
Oppose	2%
Don't Know/No Opinion	8%
Support	38%
Strongly Support	50%
- Have a national disaster medical protocol

Strongly Oppose	49%
Oppose	21%
Don't Know/No Opinion	2%
Support	17%
Strongly Support	11%
- Function under your own protocols

Strongly Oppose	2%
Oppose	2%
Don't Know/No Opinion	2%
Support	23%
Strongly Support	71%
- “Need for a lead agency to set policy in these areas”

Strongly Oppose	4%
Oppose	8%
Don't Know/No Opinion	8%
Support	27%
Strongly Support	53%
- “Establish/solidify MOU’s collectively for all states to provide reciprocity and shelter the providers form reliability”

Strongly Oppose	4%
Oppose	8%
Don't Know/No Opinion	0%
Support	27%
Strongly Support	61%
- Seek out best practices such as “strike team concept”

Strongly Oppose	2%
Oppose	2%
Don't Know/No Opinion	4%
Support	38%
Strongly Support	54%

2. PPE standards for EMTs & Paramedics who are responding to a large scale event

The Summit participants described the issue as:

- Need for adequate training on new equipment
- Unfunded mandate – sets standards but provides insufficient funds to meet them
- There is no current standard/regulation that governs minimum PPE for all EMS personnel – current standards address specific hazards and or missions

The following key recommendations emerged from the table conversations:

- Federal PPE funding needs to be specifically directed to EMS
 - Equipment purchase and maintenance
 - Training

Strongly Oppose	2%
Oppose	7%
Don't Know/No Opinion	0%
Support	20%
Strongly Support	72%
- Conduct needs assessment for EMS PPE requirements

Strongly Oppose	0%
Oppose	9%
Don't Know/No Opinion	2%
Support	39%
Strongly Support	50%
- Need for a single agency to set standards for PPE for all EMS systems (eliminate competing standards)

Strongly Oppose	5%
Oppose	9%
Don't Know/No Opinion	7%
Support	32%
Strongly Support	48%

3. Educational programs for better preparing EMTs & Paramedics for their response to a large scale event

The Summit participants described the issue as:

- Financial and logistical obstacles to ensure training
 - Scheduling, Backfill funding, Overtime, Off-duty training
- Lack of awareness of available programs focused on MCI operational issues
- Training lacks realistic, real-time drills
- Need to determine what is necessary for entry-level training vs. on-going training

The following key recommendations emerged from the table conversations:

- Integrate core competencies of disaster response into primary educational curriculum

Strongly Oppose	2%
Oppose	0%
Don't Know/No Opinion	0%
Support	42%
Strongly Support	56%
- Identify requirements for ongoing training (enrichment)

Strongly Oppose	0%
Oppose	0%
Don't Know/No Opinion	4%
Support	61%
Strongly Support	35%
- Identify refresher requirements and frequency of training

Strongly Oppose	0%
Oppose	2%
Don't Know/No Opinion	7%
Support	71%
Strongly Support	20%
- Initial training (before certification) should include: NIMS & ICS bloodborne pathogens, CBRN, All hazards, HazMat training

Strongly Oppose	2%
Oppose	9%
Don't Know/No Opinion	2%
Support	38%
Strongly Support	49%
- Need to increase the use of computer based training, internet based training, blended learning, and other alternative training delivery models

Strongly Oppose	2%
Oppose	6%
Don't Know/No Opinion	2%
Support	35%
Strongly Support	54%
- Provide more large scale exercise opportunities

Strongly Oppose	0%
Oppose	15%
Don't Know/No Opinion	4%
Support	39%
Strongly Support	41%

Summit Accomplishments

Participants reflected on the most significant accomplishments for EMS and for them personally from the two Summits. Participants reported the following as most significant:

- All the large urban areas had opportunity to speak in a unified voice to top federal officials
- Gained some best practice ideas and shared commonalities to move us forward
- Commonalities greater than our differences – all of us are represented in other national organizations which need to start representing EMS
- Relationships, relationships, relationships
- We need to start our own organization, can't make others represent us – take these two meetings another step further - another Summit soon
- Given Gregg input to accomplish his mission - Heart of EMS on East Coast
- Networking – I have a 49 member advisory council, great pool of knowledge, remain together
- No matter what model, we still have the same problems and we put a bandage on it together. We cannot let go now.
- Networking to identify overall best practices and improve care – reports will send a powerful message
- Make sure Congress understands our needs. Identified what we need to still work on.
- Commonality

**National EMS Preparedness Initiative (NEMSPI)
Policy Summit Attendee Recommendation**

**National Response Plan Amendment –
Implementing a Pre-Hospital Emergency Medical
Services Emergency Support Function Annex**

Pre-Hospital ESF Recommendation

The National EMS Preparedness Initiative policy summit attendees of Emergency Medical Services Chiefs, Directors, and Administrators recommends to DHS that a separate Pre-Hospital Emergency Medical Services Support Function Annex be created to provide coordination of pre-hospital Emergency Medical Services response to an Incident of National Significance or other catastrophic casualty response as implemented under the National Response Plan. The Purpose of the new “Pre-Hospital Emergency Medical Services Response” ESF Annex would be to establish and sustain an effective process for coordinated Federal assistance to supplement State, local, and tribal pre-hospital Emergency Medical Services.

**Proposed SCOPE of Emergency Medical Services
Response ESF Annex**

The “Pre-Hospital Emergency Medical Services ESF Annex” would provide supplemental assistance to State, local, and tribal governments in identifying and meeting the pre-hospital emergency medical services needs of victims of an Incident of National Significance. This support is categorized in the following core functional areas:

- Pre-hospital emergency medical services needs assessment
- Pre-hospital emergency medical services personnel including EMT’s, EMT/I’s and Paramedics as well as other associated emergency medical services response personnel
- Pre-hospital emergency medical services equipment and supplies
- Pre-hospital triage, treatment, and transportation of pre-hospital emergency medical services patients
- Coordinates and provides support for non-governmental pre-hospital emergency medical services providers and assets
- Pre-hospital emergency medical services personnel safety
- Pre-hospital emergency medical services patient tracking

Participants voted on the NEMSPI Policy Summit Attendee Recommendation as follows:

Strongly Oppose	0%
Oppose	2%
Don’t Know/No Opinion	7%
Support	20%
Strongly Support	71%

What is your level of satisfaction with the method of the Summit?

Very Dissatisfied	0%
Dissatisfied	3%
Neither/Don’t know	3%
Satisfied	50%
Very Satisfied	44%

What is your level of satisfaction with the outcomes of the Summit?

Very Dissatisfied	3%
Dissatisfied	0%
Neither/Don’t know	0%
Satisfied	57%
Very satisfied	40%

Moving Forward

Participants discussed what needs to be done to move forward from here with the recommendations. The group self-selected into five distinct groups to discuss five areas that they wish to move forward. The group identified the following:

- Define appropriate vehicle (association/organization) for EMS chiefs and EMS
- Develop a communication/networking system for information sharing within EMS
- Public information and relations
- Leadership development for working with local, state, and federal policy makers
- Continue dialogue on operational readiness for large scale events