Final Committee Objectives 2020-21
EMS Committee

Chair: Allen Yee, MD, FACEP
Board Liaison: Jeffrey M. Goodloe, MD, FACEP
Staff Liaison: Rick Murray, EMT-P

1. Collaborate with stakeholders involved in changes to current controlled substances regulations (e.g., DEA regulations) and develop educational resources related to any new DEA regulations for EMS medical directors.

2. Develop resources for EMS medical directors regarding the new CMS Triage, Treat, and Transport (ET3) demonstration project. Include possible EMS medical director reimbursement models.

3. Develop resources to promote and support the subspecialty of EMS medicine and the roles of the EMS medical director, such as EMS medical director reimbursement and the need for specific EMS training and experience. Collaborate with NAEMSP and related stakeholders as needed.

4. Develop EMS resources for assessing and treating pediatric patients. Collaborate with AAP, NAEMSP, ENA, the Pediatric Emergency Medicine Committee, and other stakeholders. (EMS is the lead committee.)

5. Collaborate with the Emergency Telehealth Section to develop resources for EMS medical directors regarding Telemedicine in EMS such as to support mobile integrated healthcare/community paramedicine and ET3. (EMS Committee is the lead.)

6. Explore the need to update or expand guidelines and procedures for EMS response to pandemics.

7. Provide input to the Education Committee regarding online and other formats for EMS, disaster, and other related training courses for emergency physicians. (Education is the lead committee.)
   - Continue to review ACEP courses for EMS content that can be submitted for CAPCE continuing education credit for EMS providers.
   - Complete development of a new EMS course on the use of simulation training for EMS personnel.

8. Submit a nomination for the 2021 ACEP Outstanding Contribution in EMS Award. Coordinate with the EMS Section and the Air Medical Transport Section.

9. Develop EMS and related course proposals and submit to the Educational Meetings Subcommittee for consideration by August 1, 2021 (for ACEP22).

10. Continue the work of the High Threat Emergency Casualty Care Subcommittee:
    - Identify the need for and develop potential the framework for the rapid response “Go Teams” that would use the standardized tool to identify lessons learned in a consistent reproducible manner.
    - Continue to implement Council Resolution 30(19) High Threat Emergency Casualty Care:
      a. Assist the Washington Office as needed to draft and lobby for legislative language to enable the development and funding of both the National Transportation Safety Board-style “Go Teams” and a database into which gathered information would be entered for research purposes.
      b. Develop resources to support the development process of both a National Transportation Safety Board-style “Go Teams” and a database of gathering information for research purposes.
    - Complete a need assessment for a standardized data-gathering tool and a high-threat incident database to include: identify key data elements that are already collected; identify any new key elements; identify existing databases that may house key elements; and develop framework for data sharing of key elements.
    - Develop a framework for a secure system for rapid dissemination of lessons-learned to first-responders and hospitals.
    - Develop framework to disseminate best practices for translation of military lessons learned, consistent with Mission Zero.
    - Collaborate with partners on the creation of a national emergency and trauma care system consistent both with the NASEM Mission Zero report and the NASEM “Engaging the Private-Sector Health Care System in Building Capacity to Respond to Threats to the Public's Health and National Security” workshop proceedings.
11. Develop and disseminate resources related to the response and recovery from high threat incidents.

12. Provide input to the Academic Affairs Committee to develop best practices for residency EMS curriculum. (Academic Affairs is the lead committee.)

13. Provide input to the Pediatric Emergency Medicine Committee in the development of an information paper on transport of pediatric patients, including inter-facility transfers. (Pediatric Emergency Medicine is the lead committee.)

14. Explore possible health care disparities within EMS delivery systems.