ASPR TRACIE Technical Assistance Request

Requestor: [redacted]
Requestor Phone:
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 11 April 2016
Response Date: 2 May 2016
Type of TA Request: Standard

Request:

[redacted] asked if ASPR TRACIE had any resources or information on expanded scope protocols for medics serving in a de facto definitive care role, doing things beyond the typical scope of practice due to the emergency situation.

He noted that they are an Emergency Medical Services (EMS) agency in a rural area. Their medical director would like information and resources that describe actions related to mass care type events when they are unable to communicate or move patients to local facilities. The idea that is evolving is that each station will become its own Casualty Collection Points (CCP). However, since they can expect to be without power, fuel or resupply, providers will have to manage independently for an extended period of time.

Response:

The ASPR TRACIE team searched for resources related to EMS and expanded scope protocols. Section II below provides several guidance documents. Section III includes EMS plans, tools, and templates related to mass casualty events. Section IV contains additional resources related to EMS that may also be helpful. Finally, Section V includes several links to agencies and organizations that have a page, program, or specific research dedicated to this topic area.

In addition, the ASPR TRACIE Team reached out to our Subject Matter Expert Cadre (SME) members with expertise in the pre-hospital/ EMS field to collect any resources or information they may have pertinent to this request. They provided the opinions and anecdotal information in the following section:

I. Considerations from the SME Panel

SME Cadre Member 1

- As the scope of practice in EMS varies, the following questions should be considered:
  - Have you worked with your State EMS Authority to determine the recommendations or constraints associated with those scenarios? If so, what did they say?
  - Do you anticipate applying these protocols to Emergency Medical Technicians (EMTs), paramedics, or both?
  - What is the current scope of practice allowed within your state and jurisdiction?
  - What groups has your medical director reached out to?

- One recommendation would be set up a redundant, but robust plan for CCP care within your scope and exercise with local hospitals, Office of Emergency Services (OES), Red Cross, Community Emergency Response Team (CERT) teams, etc.
    - Patient transport should not be delayed and medical mutual aid plans and processes need to be exercised.
- Based on the description of the request, this suggests your agency may be faced with setting up an alternative care site or even a temporary medical needs shelter as a staging area until patients can be evacuated. In that case, you may need to go to resources and best practices associated with that type of sheltering.
- With regard to the expanded scope items, those next steps would be based on your current scope and what you anticipate you would need to do (e.g. dispense medications, Basic Life Support [BLS] providers undertaking Advanced Life Support [ALS] skills, etc.). These activities would need to go through the appropriate approval channels at the jurisdictional level under your state's EMS authority.
- This is not a "plug and play" process. The resources people will need the most are access to first aid, shelter, food, and water. EMS agencies will need a plan for how to get more help on scene, and how to manage patient movement and transfer to an appropriate destination.

SME Cadre Member 2

- Expanded scope protocols should be done in conjunction with other community partners. If there are none, that should be identified as well. Having ANY provider support is helpful in this scenario.
- The resources needed for this request are really more along the lines of an alternate care site model than usual EMS protocol/triage model.
- You should work with your medical director to determine the following:
    - What you want to be able to provide as far as level of care?
    - What other providers can help you?
    - What resources would be needed to accomplish that level of care (logistical - cots, wound care, fluid management, potable water, etc.)?
    - What is the best location to provide services? Just because people might come to the station does not mean that it the best or most appropriate place for ongoing care.
    - What are the options for rotor-wing and other patient movement, and what are your plans to triage for forward movement as resources become available?
    - What training would be needed prior to or just-in-time of the emergency/disaster?
    - What barriers (e.g., regulatory, training, legal) exist that would need to be addressed? If they are public safety providers and there is a state declaration there may be of flexibility.

SME Cadre Member 3

- The Federal Patient Movement Concept of Operations (CONOPS) document states, "Work with State to determine if Federal ground/surface patient movement support will be required from point of injury/first receiver and/or casualty collection points."

- The above statement can be interpreted as the following: if a state identifies a gap in transport resources, the Regional Emergency Coordinators (RECs) may be able to assist in arranging those resources (e.g., through the National EMS Contract).

SME Cadre Member 4

- You should contact the State EMS Office. They should have the authority to modify scope during an emergency, and they also have a State Disaster Medical Advisory Committee to deal with protocols and other issues.

SME Cadre Member 5

- Talk to your National Guard Medical Units or other locally placed military medical units. The military allows an advanced combat practice for emergency medical technicians and paramedics. Coordinating training with the National Guard and aligning protocols may be beneficial.

II. Guidance Documents

Catlett, C., Jenkins, J.L., and Millin, M.G. (2011). Role of Emergency Medical Services in Disaster Response: Resource Document for the National Association of EMS Physicians Position Statement. Prehospital Emergency Care. 15(3):420-5.

The authors expand upon the position statement released by the National Association of EMS Physicians (also included in this response) regarding the role of emergency medical services personnel in disasters.

Federal Emergency Management Agency. (2012). Operational Templates and Guidance for EMS Mass Incident Deployment.

The goal of this report is to share model policies and practices across a variety of disciplines and provider types and help the EMS field deploy more effectively to mass care incidents. The information in this document can help EMS planners develop related policies and templates.

Federal Interagency Committee on EMS. (2014). National Implementation of the Model Uniform Core Criteria for Mass Casualty Incident Triage.

This report summarizes the Model Uniform Core Criteria for mass casualty triage and highlights strategies and action steps member agencies can take to support national implementation of the criteria.

Hanfling, D., Altevogt, B.M., Viswanathan, K., and Gostin, L.O (eds.). (2012). Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. Institute of Medicine, Washington, DC: National Academies Press.

This report was designed to help authorities operationalize the concepts first developed in the 2009 Institute of Medicine Report titled, "Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report." It provides practical templates

and toolkits for the emergency response disciplines and emphasizes the importance of a systems framework. This report also includes a "public engagement" template specifically to guide communities in hosting meetings and encourages the inclusion of citizens in their policy process.

National Association of EMS Physicians. (2010). Role of EMS in Disaster Response. Position Statement.

The National Association of EMS Physicians lists four "beliefs" specific to disaster response: their role in response, their role in all four phases of disaster management, and preparatory work to address issues such as licensure, surge capacity, and worker protection.

National Highway Traffic Safety Administration. (2007). National EMS Scope of Practice Model.

This model explains the four levels of emergency medical services licensure: Emergency Medical Responder, Emergency Medical Technician, Advanced EMT, and Paramedic. The role, skills, and necessary knowledge base are highlighted for each level.

III. Plans, Tools, and Templates

Broome County Emergency Medical Services System. (2010). Mass Casualty Incident Response Plan.

This county plan was developed to ensure a coordinated response to mass casualty incidents. It includes an emergency medical services checklist that can be used as a template by similar agencies.

Bucks County Emergency Health Services. (2010). Mass Casualty Response Plan.

This plan includes a county-specific resource table (that lists equipment by capability) and an appendix dedicated to responding to school bus accidents.

Chatham County Emergency Management. (2014). Mass Casualty Incident Plan.

This comprehensive county plan outlines roles and responsibilities of a variety of agencies and organizations (including charitable organizations and transit). It includes several appendices that can be customized by other agencies.

Chester County Department of Emergency Services. (2007) Chester County EMS Mass Casualty Response Plan.

The Chester County (Pennsylvania) mass casualty response plan was designed to help providers organize and control resources while providing care at the scene of a disaster. It includes guidelines related to hazardous materials, weapons of mass destruction, decontamination, and critical incident stress management.

Contra Costa Health Services. (2012). Emergency Medical Services Multi-Casualty Incident Plan.

This county mass casualty plan lists responsibilities for a variety of roles (e.g., helicopter providers, law enforcement, and communications centers) and includes checklists and a CHEMPACK mobilization plan as appendices.

Oneida County Department of Emergency Services. (2014). Oneida County EMS Mass Casualties Incident Plan.

This county plan was developed for emergency medical services and law enforcement agencies and can help them provide a coordinated response to mass casualty incidents.

Oregon State Area Trauma Advisory Board # 6 and Washington State Southwest Regional EMS. (2012). Mass Casualty Incident Plan Initial Response Guide.

This plan was prepared to ensure successful coordination between more than one pre-hospital agency and more than one hospital in the region.

Pennsylvania Emergency Health Services Council. (n.d.). PA EMS Protocols: Clinical. (Accessed 4/20/2016.)

This webpage provides links to several resources related to EMS protocols, such as EMS approved and required medication list, EMS provider scope of practice, and statewide ALS protocols. Of particular relevance to this request is the resource related to critical care expanded scope of practice (dated 5/20/2015).

Putnam County Bureau of Emergency Services. (2010). Mass Casualty Incident Response Plan.

The Putnam County (New York) mass casualty response plan can be used as a training tool, an on-site template, and a manual for dispatch/ communications. The plan highlights the role of several responders, including (but not limited to): EMS coordinator, safety officer, triage officer, treatment officer, and transportation officer. Forms and worksheets are included and can be used by other county EMS agencies.

Rappahannock EMS Council. (2013). Regional Mass Casualty Incident (MCI) Plan.

This plan was developed to help EMS providers in a specific region in Virginia provide patient care via a unified, coordinated, and immediate mutual aid response to any type of mass casualty incident. Two unique features of this plan are its sections on training and exercise and air operations.

State of New Hampshire. (2014). Mass Gathering Standard Operating Guideline Template.

This standard operating guideline published by the State of New Hampshire can be customized to meet the needs of other states during mass gathering emergency medical services resource planning.

Texas Department of State Health Services. (2012). Ambulance Strike Team Standard Operating Guidelines.

This standard operating guideline was developed to facilitate the deployment of "ambulance strike teams" (supplemental medical transportation) during large scale patient movements or other special circumstances.

Utah Department of Health, Bureau of EMS and Preparedness. (2011). Utah Mass Casualty Incident Plan.

This section of the state's emergency operations plan can help emergency medical providers develop mass casualty incident plans. It includes sections on triage, tracking, treatment, transport, mutual aid and exercise, as well as appendices that contain guidelines and templates.

Virginia Office of Emergency Medical Services and Virginia Department of Health. (2007). Emergency Medical Services (EMS) Surge Planning Template and Toolbox for Mass Casualty Incidents (MCI) in Virginia.

This planning tool can help EMS providers develop their own mass casualty incident plans. Several annexes are included under the section "EMS Mutual Aid and Surge Tool Box List."

IV. Additional EMS-related Resources

California Emergency Medical Services Authority. (2010). Ambulance Strike Team (AST)/ Medical Task Force (MTF) System Manual.

This document defines Ambulance Strike Teams and their role in the state of California.

County of Santa Clara, Emergency Medical Services. (2014). EOA Emergency Ambulance Staffing Contingency Plan.

The plan was designed for managers of the Santa Clara County Emergency Medical Service System to help them manage staffing shortages of any cause within the county's 911 Exclusive Operation Area. It is separated into phases and includes sections on public information and messaging and a variety of checklists.

Direct Action Resource Center. (Accessed 2016). Austere Medical Program.

A live-tissue, scenario based, humanitarian training program for austere environments. This course immerses the participant in the initial phase of a disaster simulation to include sleep deprivation, primitive living conditions and other aspects of this type of environment that an initial or remote medical disaster team might encounter.

Hodge, J.G., Orenstein, D., and Weidenaar, K. (2014). Expanding the Roles of Emergency Medical Services Providers: A Legal Analysis. Association of State and Territorial Health Officials.

This document highlights potential methods to increase opportunities to engage emergency medical services (EMS) providers for day-to-day activities in communities across the United States. The report summarizes a review and analysis of the existing legal environment that either facilitates, or imposes barriers to, expanded roles of EMS.

Sasser, S., Hunt, R., Faul, M., et al. (2013). Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage, 2011. Centers for Disease Control and Prevention.

This document can help pre-hospital care providers recognize injured patients who are most likely to benefit from specialized trauma center resources. This document is not intended as a mass casualty triage tool.

U.S. Fire Administration. (2013). Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents. Federal Emergency Management Agency.

This white paper includes checklists and step-by-step considerations for active shooter event planning and response by pre-hospital providers, and references the framework suggested by the Hartford Consensus.

V. Agencies and Organizations

American College of Emergency Physicians. EMS and Disaster Preparedness.

EMSWORLD.

Federal Interagency Committee on EMS.

National Association of Emergency Medical Technicians.

National Association of State EMS Officials.

National Highway Traffic Safety Administration. NHTSA EMS.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Public Health Emergency. Ebola Information for EMS Providers, Agencies and Systems.