



# THE NHTSA OFFICE OF EMERGENCY MEDICAL SERVICES

## What Our Mission and Programs Mean to You

*The NHTSA Office of Emergency Medical Services (OEMS) mission statement is broad and far-reaching in scope:*

**To reduce death and disability by providing leadership and coordination to the EMS community in assessing, planning, developing and promoting comprehensive, evidence-based emergency medical services and 9-1-1 systems.**

**A**s an EMS provider, you may be asking yourself what this means to you. At first glance, while it's clear our goals are the same — to reduce death and disability — it may not be so easy to see the connection between what we do at the Office of EMS do and what each of you do in the field every day.

However, as you know, your response to a 9-1-1 call is directly dependent on the quality of the EMS system that backs you. From today's best practices to tomorrow's challenges, the NHTSA Office of EMS provides leadership and coordinates with other federal agencies to help ensure that our nation's EMS systems are

more collaborative, more responsive, and more effective.

As a matter of fact, you are, as an EMS provider, at the very center of what we do. The programs and products developed by the Office of EMS are produced by EMS providers and for EMS providers. Moreover, the feedback you provide to the Office of EMS has the power to impact emergency medical services decisions made at every level of government — from state and local to federal.

Following are descriptions of some of the current projects the NHTSA Office of EMS is involved in and how these projects may affect you as frontline providers:

### The National EMS Information System (NEMSIS)

NEMSIS is a project to establish, for the first time ever, a national EMS database. It will compile data that's gathered by your state and local EMS systems. NEMSIS will allow for key EMS data to be collected and summarized to better describe current trends and issues, and to provide a basis for improved research. The real-life EMS data you collect for NEMSIS will help build this robust new database, which will help your local EMS system make more informed decisions faster, provide evidence to support improved patient care, and develop more effective EMS solutions.

### Implementation Plan for Pandemic Flu

In May 2006, President Bush announced the Implementation Plan for the National Strategy for Pandemic Influenza. The Plan describes more than 300 critical actions to address the threat of pandemic influenza. Of these, the Office of EMS is tasked with leading the effort to develop EMS pandemic influenza guidelines for statewide adoption that address: clinical standards, education, treatment protocols, decontamination procedures, medical direction, scope of practice, legal parameters, and other issues. **What does that mean?**

**It means that** EMS providers will help the federal agencies develop these guidelines. Once completed, the guidelines will be available for your state's adoption and inclusion in your state's pandemic flu plan. In the event of a pandemic outbreak of influenza, these guidelines could be key in establishing the role of EMS in reducing the spread of influenza as well as protecting you, the EMS workforce, and your families.

## ems.gov

NHTSA's Office of EMS will soon establish [www.ems.gov](http://www.ems.gov). This Web site will be a portal for federal EMS activities and resources and will include links to a wide range of programs including Emergency Medical Services for Children, the Federal Interagency Committee on EMS, 9-1-1 services, EMS workforce issues, EMS education, preparedness and news. While this site can't claim to have all things for all EMS people, we do promise to continue to improve it based on your feedback, and come as close as we can to "one stop shopping" for federal EMS information on the Web.

## The EMS Workforce Project

The EMS Workforce Project is intended to examine the future of the EMS prehospital workforce in the United States. Rapid and dramatic changes in the healthcare and public safety industries have created significant, often unanticipated changes in the nation's EMS workforce. Nationally, EMS has voiced strong concern with workforce issues including increasing turnover, challenges with recruitment and concern with worker wellness and safety. To promote a sufficient, stable, and well-trained EMS workforce for the future, NHTSA is managing the EMS Workforce Project which includes a systematic assessment of the nation's EMS workforce and a "blog" site for EMS provider input at [www.emsworkforce.com](http://www.emsworkforce.com). The goals of this project are to develop a national consensus EMS workforce policy agenda, and to develop priority action steps for assuring a robust EMS workforce. **What does that mean?**

**It means that** your experiences in EMS and that of your peers can help guide the future of the EMS workforce. The priorities you share with this project can help determine what the workforce of the future will look like.

## Education Agenda for the Future: A Systems Approach

EMS as a profession is barely a generation old. The process for educating EMS providers through the course of those years has varied greatly from one EMS system to another. To complete the evolution of EMS into a true profession, and to establish a common decision-making process for modification and improvement of EMS education, EMS providers have participated in establishing a vision for an EMS education system that can accommodate the changing nature of EMS. The vision promotes national consistency for EMS education, but is flexible enough to accommodate State and local variations and needs. **What does that mean?**

**It means that** you and your peers across the United States will receive the same baseline education and training to ensure core knowledge, skills, and abilities to care for all ill and injured patients. In addition, your state and/or local EMS system can incorporate any additional knowledge, skills, and abilities that are necessary to better help those you serve in your local community.

## National EMS Advisory Council (NEMSAC)

Although NHTSA EMS has always managed its projects and programs with the participation and consensus of EMS providers, we recognize EMS's need for formal channels to provide advice to federal activities. To provide a formal mechanism, NHTSA EMS is establishing a National EMS Advisory Council - a nationally recognized council of emergency medical services representatives and consumers to provide advice and recommendations to the NHTSA and DOT regarding EMS. NEMSAC will provide a forum for the development, consideration, and communication of information from the knowledgeable, independent perspective of representatives from all elements of the EMS system. **What does that mean?**

**It means that** through EMS providers, you have a voice in Washington. Whether the issue is workforce development, education, training, equipment, medical oversight or strategic planning; or development of standards, guidelines and benchmarks, there will be a formal body to bring your issues and ideas to the federal level. While only Congress can determine the level of funding to address these issues, your advice through NEMSAC, will help the Office of EMS prioritize its activities to meet the needs of EMS providers.

NHTSA's Office of EMS has always made accomplishments through partnerships and collaboration. With the participation of EMS providers and our national and federal partners, we leverage resources and ideas to develop programs that support EMS providers who provide emergency medical care every day as part of state and local EMS systems. With your participation, we will continue to produce products that reflect the priorities and the needs of EMS providers. For more information on the Office of EMS and its activities, contact us at **(202) 366-5440** or [nhsta.ems@dot.gov](mailto:nhsta.ems@dot.gov)



# CHILDREN AND EMERGENCY CARE

In an emergency situation, children react differently than do adults. Due to their physical, behavioral, and emotional responses, they present special challenges for prehospital care providers. For example:

- From a physical standpoint, children have smaller airways that are more easily blocked by swelling, secretions, or foreign bodies.
- When experiencing a blood loss or dehydration, children maintain their blood pressure level longer than adults.
- Equipment, such as oxygen masks, endotracheal tubes, and IV catheters, must be readily available in sizes that fit infants through adolescents.

A child's behavioral and emotional response also differs from that of an adult's. For example, infants and young children are more likely to fear and resist strangers, such as prehospital care providers and the emergency care they provide. Unlike adults, young children cannot give information about their problem or pain. They must rely on their parents or other third party to communicate on their behalf.

## TAKING ACTION

What can EMS providers do to help overcome these challenges and improve the care children receive during an emergency? Simply follow these four steps:

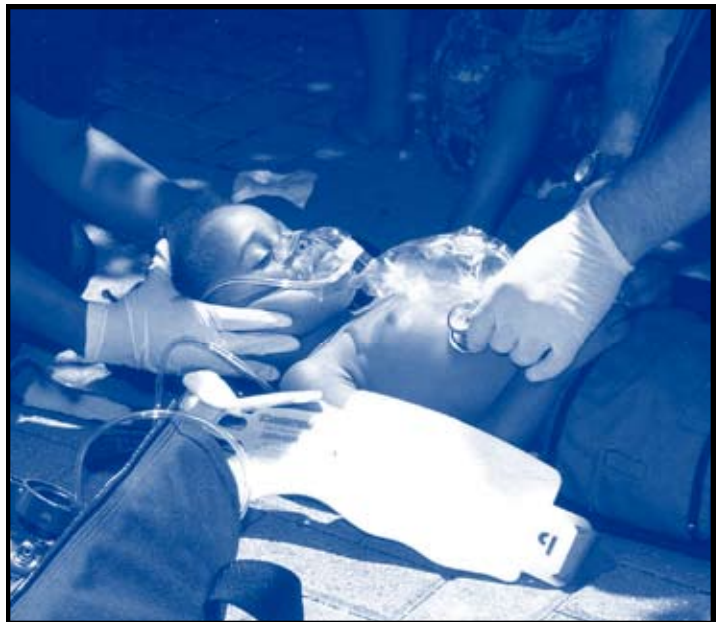
**Step One:** Take a proactive role in researching and securing pediatric training opportunities for you and your colleagues. Thanks to such programs as Emergency Medical Services for Children, many resources are now available free of charge. To access the wide variety of videos, CDs, books, and journal articles, go to <http://mchb.hrsa.gov/emsc>. Here you will also find the Prehospital Provider Toolbox, a collection of pediatric information and resources of interest to those working on the front-line.

Information about prehospital provider courses, such as the Pediatric Education for Prehospital Providers (PEPP) program and the Special Children's Outreach and Prehospital Education (SCOPE) course, is also available through the EMSC web site.

**Step Two:** Seek out opportunities to obtain missing medical equipment and supplies. To determine if ambulances in your service have the equipment and supplies needed to respond to a pediatric medical emergency, download a copy of "Checklists for Pediatric Equipment and Supplies for Basic and Advance Life Support Ambulances" at <http://mchb.hrsa.gov/emsc>. Consider holding a fundraiser or asking for community support to purchase missing equipment. Request to include pediatric equipment in your agency's next budget proposal.

**Step Three:** Initiate a discussion with the service's medical director about triage decisions to answer such questions as: Which of the facilities in your area are best able to treat children with severe illnesses and injuries?

**Step Four:** Capture the attention and support of your colleagues. Motivating fellow colleagues is key. The more support they provide, the easier it is to make needed changes. An excellent resource to help local providers get the ball rolling is the EMSC grant manager for your state. Currently, the EMSC program funds grants in all 50 states and six U.S. territories. To locate grant manager information, access the EMSC web site at <http://mchb.hrsa.gov/emsc> and click on "State Activities".



## TAPPING INTO STATE EMS OFFICES: THEIR COMMITMENT TO COLLABORATION

Front-line providers are not alone in their efforts to improve the care provided to their youngest patients. In 2004, the EMSC program – in collaboration with federal, state, and national organization partners – identified performance measures (outcome goals) for state EMS offices to achieve during the five-year period 2006-2011 (see box below).

Using EMSC grant funds, state EMS offices are expected to report baseline data for these performance measures by March 2007. They are also expected to develop plans to achieve those measures that have not yet been addressed.

### IN CLOSING

There are many reasons why EMS providers should take a proactive role in enhancing the care children receive in an emergency. First, and perhaps most important, is that all efforts, no matter how large or small, will help save a child's life. As our nation continues to experience threats of natural and man-made disasters and the fallout from recently



reported medical errors and shortfalls in the health care system, the need for additional provider education, supplies and resources, and medical guidelines has never been greater. EMS Week and EMSC Day present an excellent opportunity for EMS providers to start the preparation process.

### EMSC PERFORMANCE MEASURES

Performance Measure 1: The degree to which the state/territory has ensured the operational capacity to provide pediatric emergency care.

- 90 percent of prehospital provider agencies have on-line and off-line pediatric medical direction at the scene of an emergency for BLS providers and ALS providers.
- 90 percent of prehospital provider agencies have the essential pediatric equipment and supplies outlined in the AAP/ACEP Joint Guidelines for BLS ambulances and ALS ambulances.
- A statewide, territorial, or regional system exists that recognizes hospitals that are able to stabilize or manage pediatric medical and trauma emergencies.
- 90 percent of hospitals have written pediatric interfacility transfer guidelines and agreements.

Performance Measure 2: The adoption of requirements by the State/Territory for pediatric emergency education for the recertification of paramedics.

- The state/territory has adopted requirements for pediatric emergency education for the recertification of paramedics.

Performance Measure 3: The degree to which the State/Territory has established permanence of EMSC in the state/territory EMS system.

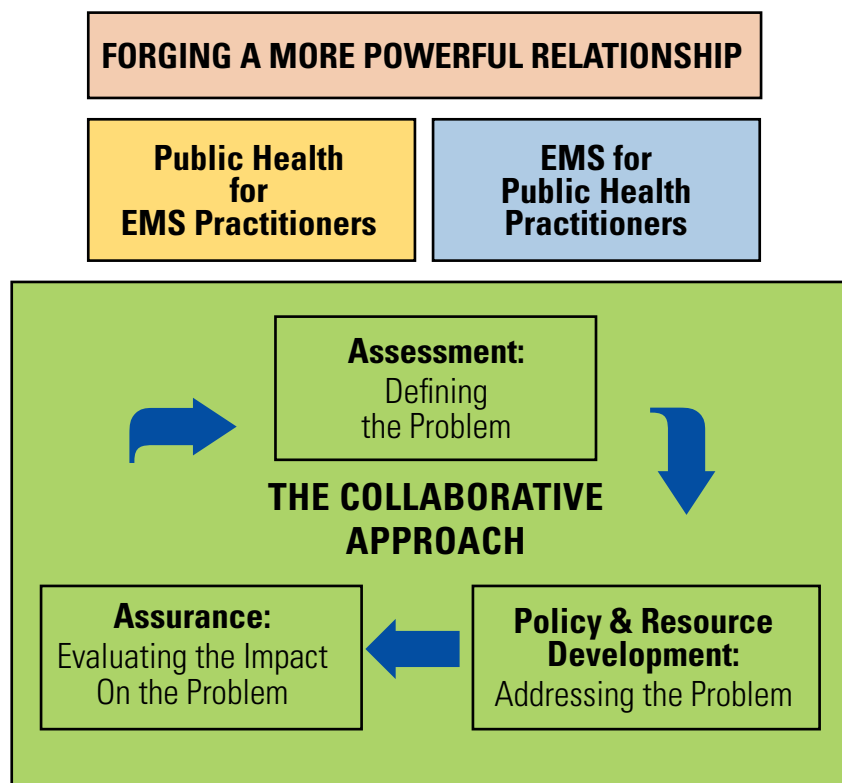
- The establishment of an EMSC Advisory Committee within the State/Territory.
- The incorporation of pediatric representation on the state/territory EMS Board.
- The establishment of an in-state/territory full time equivalent (FTE) for an EMSC manager dedicated solely to the EMSC Program.
- The integration of EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations.

A complete list of state EMS offices can be found on the web site for the National Association of State EMS Officials at [http://www.nasemsd.org/Home/NASEMSO\\_Members.asp](http://www.nasemsd.org/Home/NASEMSO_Members.asp).

# NEW CDC TRAINING

## Forges Relationship between Emergency Medical Services (EMS) and Public Health

The Centers for Disease Control and Prevention (CDC) has plans to launch a new training course that will build bridges between emergency medical services (EMS) and public health practice. Titled “*Emergency Medical Services and Public Health: Forging a More Powerful Relationship*,” the course identifies opportunities and methods to combine the two fields to ultimately save lives. The course is a first step in professional training that combines EMS and public health practices to improve both daily operations and disaster preparedness.



While EMS providers and public health professionals are all committed to health and safety, strategies to achieve these goals are often seen as fundamentally different by the two groups. Recent discussions between EMS and public health workers have revealed similarities between them that have yet to be fully explored. *Forging a More Powerful Relationship* integrates the two professions and provides information about functions in each field of work, allowing participants to share practices and experiences in a way that reveals and enhances their connections with each other and the community.

The reasoning behind the course is that opportunities to make both disciplines more effective will be identified if each learns more about the others' roles and responsibilities. This will lead to a stronger relationship between EMS and public health. The end result is

### PARTICIPANTS WILL LEARN ABOUT:

- **Assessment:** defining the injury problem;
- **Policy and resource development:** addressing the injury problem; and
- **Assurance:** evaluating the impact on the injury problem.



Photo courtesy of the Federal Emergency Management Agency

the creation of a stronger health model that benefits public health, EMS and the community.

*Forging a More Powerful Relationship* focuses on injury prevention and encourages cooperation to reduce injuries and the burden of injury. The course includes information on injury prevalence and distribution, and introduces the roles of EMS and public health in the prevention and control of injuries.

Injury, however, is only one area that offers opportunities for the two professions to work together to improve the public's health. It is hoped that this training will lead to other joint efforts between EMS and public health, such as public health preparedness, immunizations, and research.

In 2004, CDC supported the American

Public Health Association (APHA) to develop an outline for a course on interactions between EMS and public health. That outline was later developed into a full curriculum that became *Forging a More Powerful Relationship*. The National Highway Traffic Safety Administration (NHTSA) supported development of the full curriculum. The course is intended for senior and mid-level managers of EMS and public health organizations at regional, state, and local levels.

Next steps in launching the course include a one-day training that will include regional, state and local EMS and public health participants. Trainers will include experts with extensive EMS backgrounds and extensive public health backgrounds.

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**For more information about the EMS-Public Health curriculum, email [ncipcdirinfo@cdc.gov](mailto:ncipcdirinfo@cdc.gov), and type "EMS-PH" in the subject line.**



# A Primer on Emergency Care

**T**he first few minutes after an injury or medical crisis occurs are frequently the most important.

The American College of Emergency Physicians has identified the following warning signs of a medical emergency:

- Difficulty breathing, shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting, sudden dizziness, weakness
- Changes in vision
- Confusion or changes in mental status
- Any sudden or severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Suicidal or homicidal feelings

Review this list with your physician and ask whether there are other warning signs you should watch for, because other factors, such as previous medical problems, may be important. In addition, ask when you should call the doctor's office vs. go straight to an emergency department or call an ambulance. Find out what you should do when the doctor's office is closed.



## WHEN TO CALL 911

Always call EMS if the victim needs immediate medical treatment. To make this decision, ask yourself the following questions:

- Is the victim's condition life-threatening?
- Could the victim's condition worsen and become life-threatening on the way to the hospital?
- Does the victim require the skills or equipment of paramedics or emergency medical technicians?
- Could the distance or traffic conditions cause a delay in getting the victim to the hospital?

If your answer to any of these questions is "yes," or if you are unsure, it is best to call EMS.

Paramedics and emergency medical technicians can begin medical treatments at the scene and on the way to the hospital and alert the emergency department of your condition en route.

When you call for help, speak calmly and clearly. Give your name, address and phone number; give the location of the victim; and describe the problem. Don't hang up until the dispatcher tells you to, because he or she may need more information or need to give you instructions.

## CHOOSING AN EMERGENCY DEPARTMENT

If you or a member of your family has a potentially life-threatening emergency, call EMS and the ambulance will take you to the nearest emergency department capable of treating the condition. For conditions that are not life-threatening, you may have several nearby emergency departments from which to choose. Your choice (which you should plan before you need emergency care) should be based on several factors:

- **Doctor's recommendation.** Your physician may recommend an emergency department based on his or her staff privileges, knowledge of the staff or familiarity with its capabilities.
- **Staffing.** It used to be common for emergency departments to be staffed by physicians without any specialized training. Today, emergency departments are staffed by specialists, many of whom are board-certified in

emergency medicine or who are full-time, career emergency physicians. In any case, emergency departments are staffed 24 hours a day, 7 days a week. Other specialties, such as cardiologists, orthopedic surgeons and pediatricians, should be on call in case they are needed. Specialty back-up varies from hospital to hospital.

- **Pediatric capabilities.** If you have children, make sure the emergency

department you choose has the right size and type of equipment for pediatric needs. If the physicians and nurses are not emergency specialists, find out what kinds of pediatric emergency training they have. Also make sure the hospital has pediatricians on call.

- **Options listed by your health plan.** Check the provisions of your health plan regarding emergency care coverage.

For more information or materials from the American College of Emergency Physicians, go to [www.acep.org](http://www.acep.org)

# A Guide for Nursing Homes: HOW TO WORK WITH EMS



**N**ursing homes frequently rely on emergency medical services (EMS) to transport patients to and from medical appointments and in emergency situations. **Providing seamless transfer of care from the nursing home to the ambulance is a common goal of both nursing home caregivers and medics.** This goal can be reached through demonstrated clinical knowledge, open communication and a caring and compassionate attitude. **Here are three easy steps** that you can take to make your contacts with EMS successful.

## ***Have the patient's records ready and available to the medics. Include a legal copy of any Do Not Resuscitate paperwork, if applicable.***

You know your patients better than anyone. Often, medics arrive at the nursing home with very little information about the patient and his/her immediate situation. You can make the transfer of care proceed smoothly by providing the medics with:

- The patient's face sheet that includes name, age, date of birth, Social Security number, medications, allergies, insurance information and family contact information;
- Recent medical records, lab results and/or X-rays that are relevant to the patient's condition at the time of transport;
- A DNR, if the patient has one on file. Provide the medics with a copy to take with them, if your law allows it. If an original must accompany the patient, send it with the medics in an envelope appropriately marked to facilitate return of the documents with the patient.
- Also include a telephone number for the patient's primary caregiver at the nursing home. Telephone contact information is vitally important to the emergency department staff.

## ***Have the patient's primary caregiver available to inform and assist the medics in their examination and assessment of the patient.***

Medics rely on detailed descriptions by the nursing home caregiver about the patient's recent history and usual level of consciousness, blood pressure and pre-existing wounds or trauma. While this information is critical to the seamless transfer of care, medics also are required to perform a brief physical exam of all patients they transport. This exam typically includes a check of vital signs, temperature and oxygen saturation. It also may include the use of a 12-lead EKG monitor.

The nursing home caregiver can be very valuable in recognizing the importance of the physical exam and working with patients to assure them that the medics will take good care of them. If there is a language barrier between the nursing home caregiver and the medics, and/or between the patient and the medics, translation assistance is recommended.

## ***Establish a protocol for the prompt and reliable return of items that belong to the nursing home.***

Medics try not to take anything that belongs to the nursing home. However, sometimes a patient's condition results in a transfer of nursing home items, such as linens, onto the ambulance. Nursing home administrators are urged to work with an ambulance administrator to develop protocols for the prompt return or replacement of these items.








# WANTED!



## EMS Professionals

Join or renew your membership for one year with the National Association of EMTs during EMS Week (May 20-26, 2007) for **\$20** (that's half price). Go to [www.naemt.org](http://www.naemt.org) or call 1-800-34-NAEMT for your membership application to join the world's largest professional organization for EMTs and paramedics. Offer good during EMS Week only. Specify "2007 EMS Week" as sponsor on membership application.

### REWARDS!

-  NAEMT News
-  Email alerts with the latest EMS and association news
-  \$10,000 Death and Dismemberment Insurance
-  Discount on EMS EXPO Registration
-  Representation for the health, safety and well-being of EMS professionals worldwide.



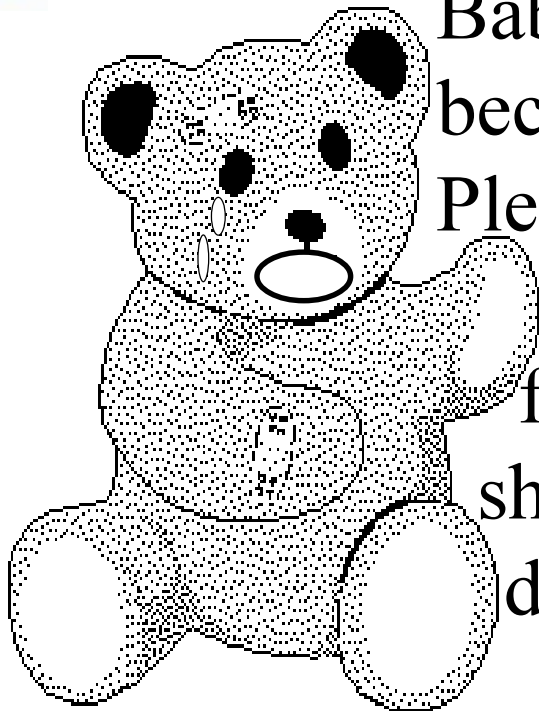
NAEMT, PO Box 1400, Clinton, MS 39060

NAEMT is proud to sponsor the 2007 EMS Week Planning Guide.

Please copy and post.

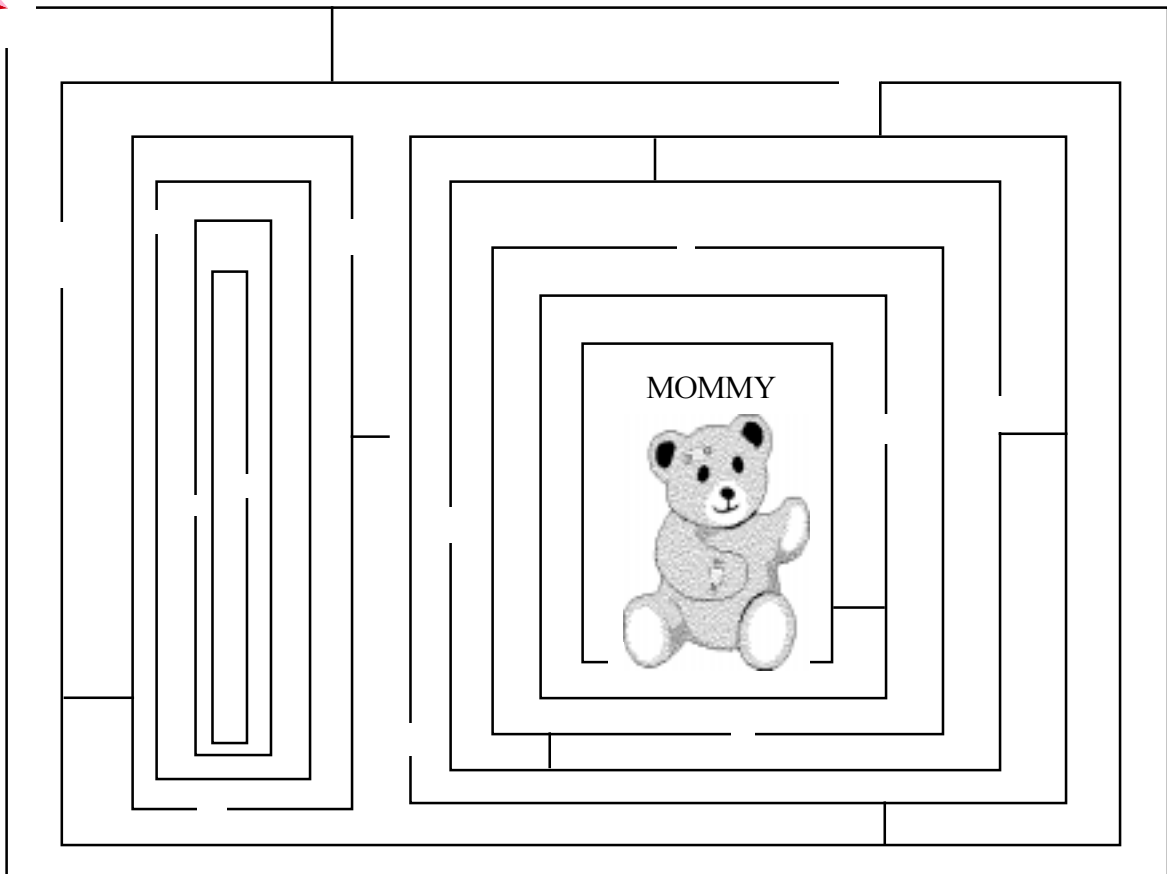


# EMS WEEK Fun for Kids



Baby bear is blue  
because his tummy hurts.  
Please color him blue  
and then help him  
find his mommy so  
she can take him to the  
doctor's office.

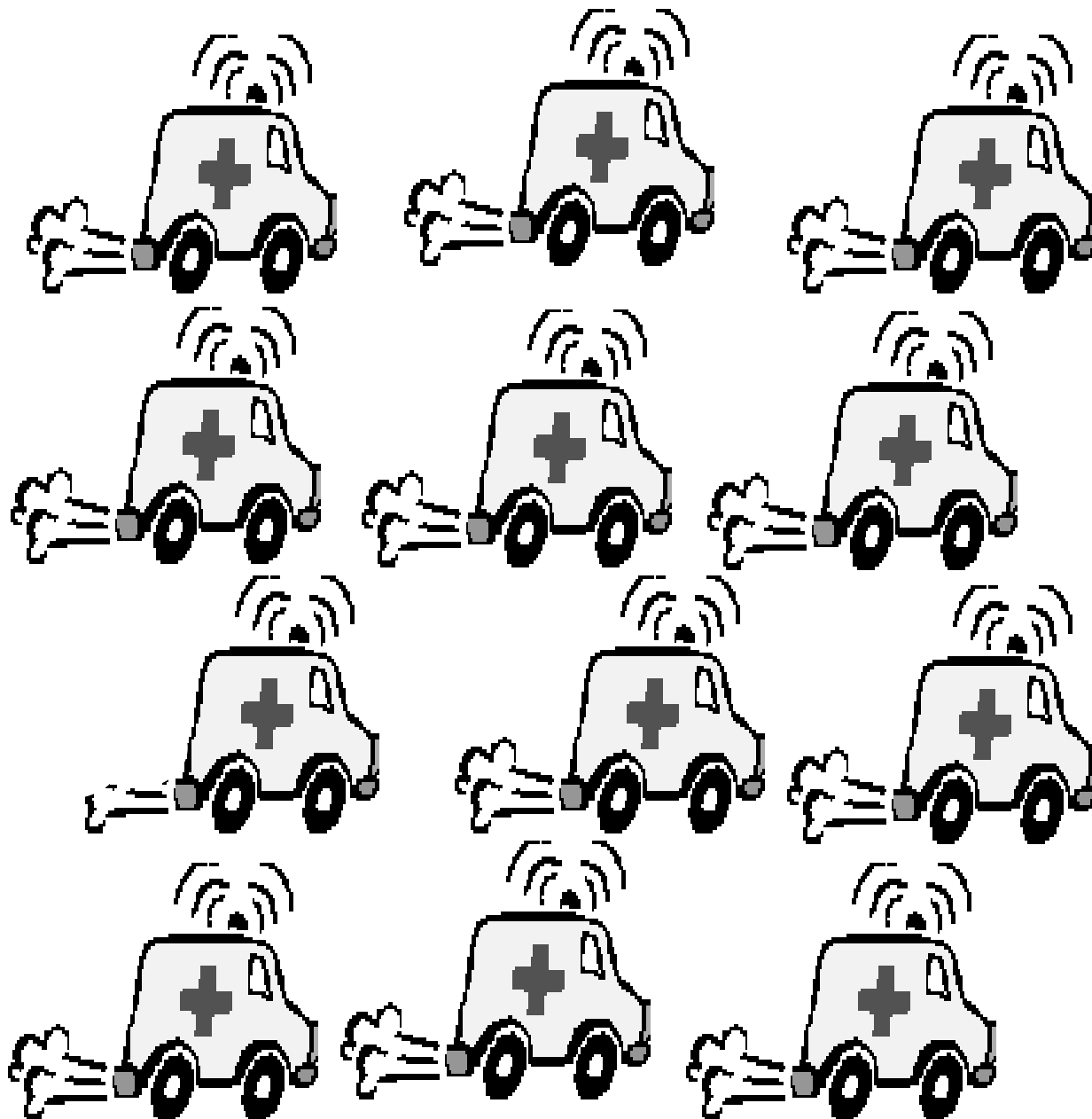
**Start Here**



# EMSWEEK Fun for Kids



CIRCLE THE AMBULANCE THAT IS DIFFERENT FROM THE OTHERS.



Answer:  
First ambulance in third row



# EMSWEEK Fun for Kids

**This child uses a wheelchair to help him get around. There is a flag on his chair so the traffic can see him when he is crossing the street.**



## Color By Number

1=Brown

2=Black

3=Blue

4=Red

5=Gray