

## Final Objectives 2022-23

### EMS Committee

Chair: Jeffrey L. Jarvis, MD, FACEP

Board Liaison: Kristin B. McCabe-Kline, MD, FACEP

Staff Liaison: Rick Murray, EMT-P

1. Continue to monitor the release of the finalized DEA rules and regulations regarding the pre-hospital use and storage of controlled substances by EMS and develops resources for EMS medical directors as needed.
2. Explore the need and develop resources to assist EMS medical directors in the implementation of reducing lights and sirens use in EMS.
3. Explore the need and develop resources to assist EMS medical directors in the implementation of EMS quality measures developed by the National EMS Quality Alliance (NEMSQA).
4. Continue to explore and develop resources to assist EMS medical directors and to promote and support the subspecialty of EMS medicine.
5. Explore the need for resources for EMS medical directors addressing interfacility and critical care transport.
6. Explore the need and develop resources for EMS medical directors regarding the treatment and management of behavioral health emergencies.
7. Work with the EMS Education Subcommittee on exploring online and other EMS, disaster, and other related training for emergency physicians. Obtain input from the EMS Committee and Disaster Preparedness & Response Committee. (Education is the lead committee)
8. Submit a nomination for the 2023 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 21, 2023 (for ACEP24).
10. Review the following policies per the Policy Sunset Review Process:
  - Human Resources Concepts Governing Physician Medical Direction of EMS
  - The Clinical Practice of Emergency Medical Services Medicine
  - The Role of the Physician Medical Director in Emergency Medical Services Leadership

*Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.*
11. Serve as a resource to the Pediatric Emergency Medicine Committee in the development of an information paper on the transport of pediatric patients, including inter-facility transfers. (Pediatric Emergency Medicine is the lead committee.)
12. Explore the need and develop resources to assist medical directors with the back order of medications.
13. Complete development of the information paper on field transfusion of blood products.
14. Continue to work with other stakeholders to discourage states and hospitals from using forced EMS diversion to substitute for system-wide hospital admission load balancing as directed in Resolution 49(21) Forced EMS Diversion (first resolved).
15. Develop a recommendation to the Board of Directors to address the second resolved of Referred Resolution 49(21) Forced EMS Diversion regarding collecting data on the clinical impact of EMS diversion policies.