Introduction
Overview

- Benefit of Statewide EMS Protocols to the Health of a Population
- The Value of State/Regional/Local Medical Direction
- Interpretation of Geographic Needs
- Unique Aspects of State-Specific Epidemiologic Data
- Local Role in Disaster Management
History of the Emergency Medical Services System
Findings of the 1966 NAS-NRC Report

Inadequacies of Prehospital Care in 1966

1. The general public is insensitive to the magnitude of the problem of accidental death and injury.
2. Millions lack instruction in basic first aid.
3. Few are adequately trained in the advanced techniques of cardiopulmonary resuscitation, childbirth, or other life-saving measures, yet every ambulance and rescue squad attendant, policeman, fire fighter, paramedical worker, and worker in high-risk industry should be trained.
4. Local political authorities have neglected their responsibility to provide optimum emergency medical services.
5. Research on trauma has not been supported or identified at the National Institutes of Health on a level consistent with its importance as the fourth leading cause of death and a primary cause of disability.
6. The potentials of the U.S. Public Health Service Program in accident prevention and emergency medical services have not been fully exploited.
7. Data are lacking on how to determine the number of individuals whose lives are lost through injuries compounded by misguided attempts at rescue and first aid, absence of physicians at the scene of the injury, unsuitable ambulances with inadequate equipment and untrained attendants, lack of traffic control, or the lack of voice communication facilities.
8. Helicopter ambulances have not been adapted to civilian peacetime needs.
9. Emergency departments of hospitals are overcrowded, some are archaic, and there are no systematic surveys on which to base requirements for space, equipment, or staffing for present, let alone future, needs.
10. Fundamental research on shock and trauma is inadequately supported; medical and health-related organizations have failed to join forces to apply knowledge already available to advanced treatment of trauma, or educate the public and inform Congress.
ACCIDENTAL DEATH AND DISABILITY: THE NEGLECTED DISEASE OF MODERN SOCIETY

Prepared by the
COMMITTEE ON TRAUMA AND COMMITTEE ON SHOCK
DIVISION OF MEDICAL SCIENCES
NATIONAL ACADEMY OF SCIENCES
NATIONAL RESEARCH COUNCIL

PROPOSED DEPARTMENT OF TRANSPORTATION

MESSAGE
FROM
THE PRESIDENT OF THE UNITED STATES
TRANSMITTING
A PROPOSAL FOR A CABINET-LEVEL DEPARTMENT OF TRANSPORTATION CONSOLIDATING VARIOUS EXISTING TRANSPORTATION AGENCIES

MARCH 2, 1966.—Referred to the Committee on the Whole House on the State of the Union and ordered to be printed

To the Congress of the United States:
Figure 1. States with mandatory or model statewide ALS protocols as of October 1, 2013. Types of protocols used by each state are indicated by colors (see key). For states that are white on the map, no statewide protocols or model guidelines exist.
Statewide Protocols and the Health of a Population, #2

FigURE 2. States with mandatory or model statewide BLS protocols as of October 1, 2013. Types of protocols used by each state are represented by colors (see key). For states that are white on the map, no statewide protocols or model guidelines exist.
Medical Direction, 1

Advocacy
The act of pleading or arguing in favor of something, such as a cause, policy, or interest, or active support of an idea or person.

TRAINING

QUALITY
Interpretation of Geographic/Epidemiologic Needs
Interpretation of Geographic/Epidemiologic Needs, #1
Interpretation of **Geographic/Epidemiologic Needs**, #2
Interpretation of Geographic/Epidemiologic Needs

Figure 4-2.
Percentage Aged 65 and Over of State Population: 2010
(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/sf1.pdf)

Source: U.S. Census Bureau, 2011a; 2010 Census.
Local Role in Disaster Management
The Road Forward....
A National Model for Developing, Implementing, and Evaluating Evidence-based Guidelines for Prehospital Care

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AN EVIDENCE-BASED GUIDELINE FOR PEDIATRIC PREHOSPITAL SEIZURE

AN EVIDENCE-BASED PREHOSPITAL GUIDELINE FOR EXTERNAL HEMORRHAGE CONTROL: AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA

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National Model
EMS Clinical Guidelines

SPECIAL CONTRIBUTION

NATIONAL PREHOSPITAL EVIDENCE-BASED GUIDELINES STRATEGY: A SUMMARY FOR EMS STAKEHOLDERS

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Questions
Thank You