

## **1. Executive Summary of Committee Responsibilities**

- 1.1. The Emergency Medical Services (EMS) committee is responsible for coordinating and improving the clinical care provided by all levels of pre-hospital providers within Trauma Service Area (TSA)-E. The EMS committee will provide guidance in the development and review of pre-hospital assessment tools, regional plans and treatment guidelines, and the committee SOP. Additionally, the committee will interface with other NCTTRAC committees, professional associations, and the Governor's EMS and Trauma Advisory Council (GETAC) and keep members informed on latest developments in prehospital transportation and care.
- 1.2. Develop evidence-based pre-hospital guidelines for TSA-E
- 1.3. Develop standards and procedures for the purpose and function of the EMS Committee
- 1.4. Organize, support, and/or coordinate community-based education for pre-hospital providers
- 1.5. Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of Emergency Medical Service (EMS) efforts within the 19 counties served
- 1.6. Responsible for overseeing the Local Projects Grant (LPG) and/or establish an alternate funding opportunity

## **2. Committee Chair/Chair Elect Responsibilities**

### **2.1. Chair**

- 2.1.1. The Committee Chair serves as the principal liaison between the committee and the Board of Directors with responsibilities that include, but are not limited, to:
  - 2.1.1.1. Knowledge of the Bylaws.
  - 2.1.1.2. Scheduling meetings.
  - 2.1.1.3. Meeting agenda and notes.
  - 2.1.1.4. Providing committee report to the Board of Directors.
  - 2.1.1.5. Annual review of EMS Plans, Guidelines, committee SOP, and SPI indicators.
  - 2.1.1.6. Provide or arrange for knowledge and dissemination of appropriate liaison group activities to committee members and the Board of Directors.
- 2.1.2. The Chair must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
- 2.1.3. The Chair will serve a one-year term of office, beginning at the start of the Fiscal year, and be succeeded by the Chair Elect at the end of the Fiscal Year.
- 2.1.4. The Chair may only vote in the event of a tie; however, the Chair's organization may assign an appropriately documented voting delegate to fill their committee core group position during the Chair's term.

### **2.2. Chair Elect**

- 2.2.1. The Committee Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair. The Chair Elect may serve in lieu of the EMS Committee Chair for Board of Directors responsibilities.
- 2.2.2. The Chair Elect must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
- 2.2.3. The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term or if the Chair position is otherwise vacated.
- 2.2.4. The Chair Elect position will be voted on by the EMS Committee annually or when the

incumbent has vacated this position.

- 2.2.5. In the event the Chair is unable to fulfill the term, the Chair Elect shall ascend to Chair in accordance with the NCTTRAC Bylaws.

### **3. Committee Medical Director**

- 3.1. The EMS Committee will establish a Co-Medical Director position, who meets the same criteria below, to assist as desired.
- 3.2. The EMS Committee Medical Director is responsible for:
  - 3.2.1. Participating directly with their service line committee
  - 3.2.2. Establishing and maintaining a standing coordination method with their service line peers
  - 3.2.3. Maintaining availability for coordinating with other committees' Medical Directors to recommend a minimum standard of care for providers participating in the trauma, acute, emergency healthcare and disaster response systems of TSA-E
- 3.3. The EMS Committee Medical Director provides current physician insight and involvement in support of the EMS Committee and its responsibilities, including:
  - 3.3.1. Identifying and assessing regional performance improvement standards, formulating strategies, and making recommendations to the committee to ensure that the best possible standards of healthcare can be met within TSA-E.
  - 3.3.2. Active partnership in the coordination and support of the following service line committee products:
    - 3.3.2.1. Service Line Regional Plans
    - 3.3.2.2. Guidelines
    - 3.3.2.3. Texas Department of State Health Services (DSHS) Rules Reviews
- 3.4. The EMS Committee Medical Director must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
- 3.5. The EMS Committee Medical Director position will be voted on by the EMS Committee annually, with each Fiscal Year, or if otherwise vacated.
- 3.6. The EMS Committee Medical Director is expected to participate in 50% of the EMS Committee Meetings.
- 3.7. The EMS Committee Medical Director should be prepared, with NCTTRAC staff assistance, to facilitate a peer group of EMS medical directors (by email or meeting) in support of EMS Committee efforts as appropriate.
- 3.8. The EMS Committee Medical Director will be a liaison to the NCTTRAC EMS Medical Directors Committee.
- 3.9. The EMS Committee will call for eligible nominees for EMS Committee Co-Medical Directors, followed by an election process or electronic poll to identify the person that will serve in that position.

### **4. Committee Representation**

- 4.1. In accordance with NCTTRAC Bylaws Article IX, there is not a voting core group identified within the EMS Committee. (The absence of an identified core group opens voting rights at the committee level to all NCTTRAC Members in good standing.)
- 4.2. Represented organizations/agencies provide EMS services in TSA-E and maintain NCTTRAC Membership in good standing.
- 4.3. The EMS Committee Leadership Group (Chair, Chair Elect, and EMS Medical Directors) may

convene on an ad hoc basis to represent the committee in matters necessary to maintain contractual compliance, execute deliverables, and/or endorse emergency, off-cycle purchases for regional benefit. Actions taken will be reported at the next scheduled committee meeting.

## **5. Committee Attendance**

- 5.1. While attendance is highly encouraged in support of meaningful participation, there are no specific attendance requirements at committee level.
- 5.2. Virtual attendees are highly encouraged to utilize video capabilities where available to facilitate meaningful discussion and participation in NCTTRAC meetings and events.

## **6. Committee Active Participation**

- 6.1. While there are no committee unique Active Participation requirements, the overarching attendance and data submission expectations identified in the NCTTRAC Membership & Participation SOP are key for both EMS Air and Ground Member organizations to recognize and adhere to, including, but not limited to:
  - 6.1.1. Each member hospital/agency must meet concurrent year State data submission requirements.
  - 6.1.2. Each member hospital/agency must attend a minimum of six (6) NCTTRAC-sponsored meetings over the span of at least three (3) out of four (4) quarters within the NCTTRAC fiscal year.
- 6.2. There are no other committee specific or unique active participation requirements.

## **7. Quorum & Voting**

- 7.1. Standing Committees/Subcommittees voting may be conducted by the following methods, unless otherwise addressed in the committee/subcommittee SOP:
  - 7.1.1. In person or virtually during the meeting.
  - 7.1.2. Electronically (e.g., email, fax, website) for unscheduled votes between meetings.
  - 7.1.3. Votes may be cast by proxy in accordance with NCTTRAC Bylaws Article XIV.
  - 7.1.4. The outcome of each action item will be recorded in the meeting minutes or notes.
- 7.2. As an alternative to a consensus vote at an EMS Committee Meeting, electronic votes may be employed. A record of responses and results must be maintained in the Meeting Notes or Minutes.
  - 7.2.1. Electronic Votes may be called via:
    - 7.2.1.1. Polls
    - 7.2.1.2. Surveys
    - 7.2.1.3. Ballots
    - 7.2.1.4. Other technologies

## **8. Procedures (Meeting, Agenda and Notes)**

- 8.1. The Cardiac Committee shall perform its responsibilities with an organized approach utilizing the following procedure:
- 8.2. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.
- 8.3. The committee will meet at least quarterly.

- 8.4. All meetings are held as open meetings.
- 8.5. Agendas will be prepared and submitted to NCTTRAC staff by the committee chair.
- 8.6. A sign in sheet will be provided at each meeting by NCTTRAC staff.
- 8.7. Each meeting will have minutes or notes.
- 8.8. Agendas and meeting minutes/notes will be forwarded to NCTTRAC office and administrative staff within 20 days after the meeting for posting. The attendance will be turned in at the end of the meeting.
- 8.9. Copies of meeting agendas and notes will be available on the NCTTRAC website.  
(www.ncttrac.org)

## **9. Committee Liaisons**

- 9.1. Governor's EMS and Trauma Advisory Council (GETAC) EMS Committee
- 9.2. Texas EMS Association (TEMSA)
- 9.3. Texas Emergency Nurses Association
- 9.4. Dallas Fort Worth Hospital Council Foundation (DFWHCF)

## **10. Standing Committee Obligations (Committee oversight relationships):**

- 10.1. Annual Review of the Committee SOP
- 10.2. Annual Review of Regional Plans & Guidelines
  - 10.2.1. Cardiac Triage and Transport Guideline
  - 10.2.2. Perinatal Triage and Transport Guidelines
  - 10.2.3. Stroke Triage and Transport Guideline
  - 10.2.4. Trauma Triage and Transport Guideline
  - 10.2.5. Aircraft Utilization Guidelines
- 10.3. DSHS Rules and/or contractual deliverables, as applicable
- 10.4. GETAC Strategic Plan objectives and strategies, as applicable
- 10.5. Annual Review of the LPG Program Guidance, see Appendix A and Appendix B

## **11. Projected Committee Goals, Objectives, Strategies, Projects**

- 11.1. In collaboration with other NCTTRAC service line Committees, offer one EMS public education event per year.
- 11.2. Obtain 50% or greater participation of 911 transport agencies enrolled in CARES in the region.
- 11.3. Achieve 50% of EMS Agencies completing the Pediatric Readiness Assessment Survey for EMSC.
- 11.4. Implement/market the heart safe Community program with a goal of obtaining recognition for two new and all renewing communities per year.
- 11.5. Establish a reportable prehospital transfusion data set
- 11.6. Achieve Texas EMS Wristband compliance of 70% or greater for all EMS transports/transfers in TSA-E.
- 11.7. Achieve a regional Utstein cardiac arrest survival rate that exceeds state and national rates utilizing CARES data for 3 out of 4 fiscal year quarters.
- 11.8. Establish a minimum of 5 prehospital transfusion provider sites as funding allows.
- 11.9. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments

and progress with associated efforts.

## **12. System Performance Improvement (SPI)**

- 12.1. The EMS Committee will support EMS SPI responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, workgroup, or sub-committee).
- 12.2. At a minimum, the committee will encourage participation to evaluate, and report EMS EMResource utilization and make recommendations to the Executive Committee of the Board of Directors for appropriate optimization and utilization by EMS.
- 12.3. Prior to submitting an SPI event, the referring/requesting agency is expected to first contact the involved agencies/facilities in an attempt to satisfactorily resolve the issue or concern. Only after appropriate attempts have been made to satisfactorily resolve an SPI event should the referring/requesting agency formally submit an SPI event notification/request via the NCTTRAC secured ticket system.
- 12.4. Closed EMS SPI meetings support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.
  - 12.4.1. Representation:
    - 12.4.1.1. EMS Committee Chair
    - 12.4.1.2. EMS Committee Chair Elect
    - 12.4.1.3. EMS Committee Medical Director
    - 12.4.1.4. Two volunteer EMS Committee representatives, (as needed)
  - 12.4.2. Closed EMS SPI meeting participants will sign a confidentiality statement prior to the start of each closed meeting.
  - 12.4.3. Meeting notes, attendance rosters, and supporting documents of Closed SPI meetings must be provided to NCTTRAC staff within 48 hours following each meeting to be secured as a confidential record of committee activities.
- 12.5. SPI Products
  - 12.5.1. EMS SPI Indicators
  - 12.5.2. EMS SPI Referral Form
- 12.6. SPI Indicators: *The following indicators will be monitored by the EMS agency's PI Plan:*
  - 12.6.1. Prehospital "Sepsis Alert", "STEMI Alert", "Stroke Alert", "Trauma Activation" notifications to receiving facility prior to arrival
  - 12.6.2. Scene times in excess of 20 minutes on any alert/activation calls
  - 12.6.3. Last known well and glucose on all stroke patients

## **13. Injury and Illness Prevention / Public Education**

- 13.1. The EMS Committee will support EMS Injury/Illness Prevention and Public Education responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, workgroup, or sub-committee).
- 13.2. Focus on injury prevention and education of the public health needs.
- 13.3. Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of public education and injury/illness prevention efforts within Trauma Service Area (TSA)-E.
- 13.4. Base decisions on current EMS trends and data, facts and assessment of programs and presented educational opportunities.

- 13.5. Organize, support and/or coordinate community evidenced based education and injury/illness prevention programs.
- 13.6. Recommend/support prevention priorities for TSA-E according to the injury/illness, geographic location, cost, and outcome.
- 13.7. Serve as a resource to identify prevention programs, events, and other prevention resources available in TSA-E to members and community members.
- 13.8. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

#### **14. Professional Development**

- 14.1. The EMS Committee will support EMS Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, workgroup, or sub-committee).
- 14.2. At minimum, the Committee will:
  - 14.2.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
  - 14.2.2. Sponsor educational events based on needs assessment results and potential committee request within annual budgetary limits.

#### **15. Unobligated Budget Requests**

- 15.1. Recommendations from the EMS Committee, coordinated through the Finance Committee, seeking approval from the Board of Directors for financial backing and execution authority in support of related initiatives, projects, and/or education efforts within TSA-E.



## ***Standard Operating Procedures***

Emergency Medical Services Committee SOP  
Emergency Medical Services Committee

Appendices follow

Appendix A – NCTTRAC Texas EMS Wristband Project Implementation Guideline – FY21 Local

Projects Grant (LPG)

Appendix B – NCTTRAC Regional Carbon Monoxide Detector Program – FY21 Local Projects

Grant (LPG)

## **I. Purpose**

The purpose of this Implementation Guideline is to establish procedures for the asset distribution, management, disposition, and responsibilities of regionally purchased Texas EMS Wristbands.

## **II. Goals**

- A. Purchase and distribute Texas EMS wristbands to pre-hospital providers.
- B. Provide a unique identifier that will be used to link records or patient data delivered from EMS during MCI, evacuations, disasters and throughout the continuum of care.

## **III. Description / Distribution of Asset**

- A. Each box contains 500 aqua blue colored plastic wristbands with individual patient identification numbers and barcodes that are capable of being secured to the patient via plastic clasp.
- B. Wristbands will be distributed to DSHS licensed EMS agencies in TSA-E.
- C. Each EMS Agency will receive wristbands equal to the amount of one half of the recorded EMS runs to DSHS from the previous year on a first come, first served basis.
- D. EMS agencies may request initial or replacement wristbands by sending point of contact information to [NCTTRAC\\_EHS@ncttrac.org](mailto:NCTTRAC_EHS@ncttrac.org) (organization/agency, DSHS license number, requestor name, email, phone)
- E. Each receiving agency shall complete and sign a NCTTRAC Property Transfer Form prior to receipt.
- F. NCTTRAC logistics staff will contact the agency to schedule a pickup time.
- G. Should a hospital facility need wristbands, contact your local EMS agency enrolled in the wristband project.
- H. Training materials are available at <https://ncttrac.sharefile.com/d-s781e5503357943c9800f982e0939eb22>

## **IV. EMS Responsibilities**

- A. Place a wristband on every patient transported to a hospital-based emergency department
- B. Manually enter or scan the wristband's unique identifier into a pre-identified NEMESIS compliant, query-able field within the electronic patient care report (ePCR)

## **V. Hospital Responsibilities**

- A. Leave the wristband on the patient until discharged home – do not cut or remove
- B. Manually enter or scan the wristband's unique identifier into a pre-identified query-able field within the electronic medical record (EMR)
- C. If the wristband is inadvertently removed:
  - 1. Place a new wristband on the patient,
  - 2. Cover or cross out the new barcode and identification number, and
  - 3. Write the previous identification number on the new wristband with a permanent marker

## **VI. Limitations to Possession of Asset**

NCTTRAC EMS Wristbands are primarily intended for use by EMS provider agencies in TSA-E.



Nothing in this guideline guarantees continued availability of assets; however, it is the intent of NCTTRAC to continue to support this project contingent upon funding availability.

**VII. Asset Disposition**

If wristbands are no longer needed, the receiving agency shall request asset disposition approval and instructions in writing from NCTTRAC.

## **I. Purpose**

The purpose of this Implementation Guideline is to establish procedures for the asset distribution, management, and disposition of regionally purchased Carbon Monoxide Detectors.

## **II. Goals**

- A. Purchase and distribute carbon monoxide detectors to pre-hospital providers as a regional patient/personnel safety initiative.
- B. Provide training resources to EMS personnel utilizing the purchased equipment.
- C. Gather evaluation data regarding the utilization of the purchased carbon monoxide detectors.

## **III. Description of Asset**

A NCTTRAC carbon monoxide (CO) detector is one purchased by NCTTRAC for the use by TSA-E emergency response agencies (EMS Providers). The Honeywell BW Clip Gas Detector CO 35 - 200 is a professional grade, portable instrument that alerts to the presence of carbon monoxide and hydrogen sulfide gas. The device runs continuously once activated and does not require battery replacement or sensor replacement during use. No calibration is needed for maintenance; however, calibration can still be performed if agency policy requires. Agencies using a NCTTRAC CO detector are responsible for the proper care and use of the device in compliance with manufacturer guidelines.

## **IV. Distribution of Asset**

- A. The intent of this program is for EMS agencies to carry a NCTTRAC CO detector into medical scenes – i.e., attached to an airway kit/bag or person.
- B. The distribution of NCTTRAC CO detectors will be to all EMS agencies with a DSHS approved ambulance licensed to operate in TSA – E.
- C. Each EMS agency will receive one (1) CO detector per DSHS approved ambulance licensed to operate in TSA-E. The number of CO detectors provided to each agency will be determined utilizing current DSHS information.
- D. NCTTRAC logistics staff will contact the agency to schedule a pickup time.
- E. Receiving agencies shall work directly through the manufacturer for replacement or repair of damaged or malfunctioning detectors:

1829 Clement Ave., Suite 210  
Alameda, CA 94501  
Office: (510) 337-8880  
Email: [RMA@pksafety.com](mailto:RMA@pksafety.com)  
[www.pksafety.com](http://www.pksafety.com)

## **V. Limitations to Possession of Asset**

NCTTRAC CO detectors are primarily intended for use by EMS provider agencies in TSA-E. Nothing in this program guarantees continued availability of assets; however, it is the intent of NCTTRAC to support this program as approved and endorsed by the NCTTRAC Board of Directors.

**VI. Asset Disposition**

If prior to the end of the useful life (two years from date of receipt), the NCTTRAC CO detector is no longer needed or becomes inoperable, the receiving agency shall request asset disposition approval and instructions in writing from NCTTRAC.