

# 7.i. GETAC EMS Medical Directors Committee Update to Council

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TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

# GETAC EMS Medical Directors

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
Prehospital Whole Blood work with the GETAC Prehospital Whole Blood Task Force on the Texas Prehospital Whole Blood Pilot Program	Prehospital Whole Blood Task Force Tool Kit -Includes Transfusion Recommendation Document. -Includes Transfusion for females of child-bearing potential (future child-bearing potential still in process) Members participating: Dr. Winckler, Dr. Palacio, Dr. Abraham	
Prehospital Whole Blood EMS Medical Directors Responsibilities	Discussion on how to inform EMS Medical Directors of Responsibilities of Prehospital Blood --How to Inform State EMS Medical Directors that AABB Document is published and recommends best practice for prehospital blood transfusions	

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Committee Priorities	Current Activities	Status
Red Lights and Sirens	<p>Worked with GETAC EMS Committee to write and edit lights and sirens document and provide references. <a href="#">Use of red lights and siren is considered a <b>medical intervention</b> per this document, and each agency and agency medical director should evaluate the use of when red lights and sirens are appropriate. Said another way, it is considered best practice to not always respond or transport with light and sirens.</a></p>	
Red Lights and Sirens	<p>Difficulties with agencies not responding lights and sirens was discussed</p> <ul style="list-style-type: none"> <li>--difficult when response times are contractual               <ul style="list-style-type: none"> <li>--for example ISO ratings                   <ul style="list-style-type: none"> <li>--it was mentioned that CAAS and CFAI both recommend not running lights and sirens</li> </ul> </li> </ul> </li> <li>--potentially reach out to mayors/city managers/ISO?</li> <li>--more research needed</li> </ul>	

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Practice of EMS Medical Direction	Goal is to make new TMB rule line up with GETAC Strategic Plan. Dr. Winckler working on this.	Priority Activities Recorded
Texas Stroke Awareness Campaign	Rural Stoke Awareness Campaign Voted on and approved by committee	Priorities Completed and being Monitored
Texas Stroke Dispatcher Education / Improvement Plan	Target Dispatchers to recognize stroke --Difficulties in reaching dispatchers --Discussion on how to implement education --mention for global emd	Priority Activities Recorded

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**Priority Not Implemented**  
**Priority Activities Recorded**  
**Priorities Completed and being Monitored**

Committee Priorities	Current Activities	Status
Prehospital Sepsis Recommendations Prehospital Ultrasound	Need to determine if recommendations are necessary	
Acceptable Texas EMS Medical Director Course	NAEMSP has FOMOC (Foundation of Medical Direction Oversight Course) --Can be done as individual state --Goal is to create a one hour course on what Texas EMS Medical Director Duties/Responsibilities are: ---For example: Texas Statute, DSHS, TMB, Delegated Medical practice concept	
Pediatric Restraint Program Discussion on Safe Transport of Pediatrics in Ambulance	Goal is to increase compliance of pediatric restraint use. Dr. Mark Sparkman has volunteered to work on this with GETAC Air Medical Committee. Safe Transport pediatric devices—Air Medical Committee to lead, working with EMS Committee	

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Discussion of EMS Board Certification	<p>Discussion of recommendation versus requirement and difficulties of EMS board certified physicians' availability</p> <ul style="list-style-type: none"><li>--Requirement would take a legislative change</li><li>--The statement that it is preferred to have a physician Board Certified in the Subspecialty of EMS is in the GETAC Strategic Plan</li></ul> <p>During the next rules update, evaluate the number of board-certified EMS medical directors licensed in Texas versus the number ideally needed in the state to staff all provider agencies.</p>	
State Emergency Response System	Will have State contracted vendor, Pulsara, present for EMS MD in March	
NEMSQA best practice criteria	Further discussion need on response and transport times	

## Use of Red Lights and Sirens (RLS)



The use of red lights and sirens (RLS) occurs in over 85% of emergency responses and approximately 40% of patient transports from the scene. However, studies show that potentially lifesaving interventions are performed in only about 7% of these cases. The use of RLS is associated with an increased frequency and severity of ambulance crashes. Therefore, the decision to operate with red lights and sirens should be regarded as a **medical intervention**, employed only when the anticipated clinical benefits outweigh the known risks. This determination should be made in collaboration with the medical director and guided by established clinical criteria.