



Yes – We're Still Under Surveillance
*Some Highlights from the Past Year's
Eagles' Surveys and Weekly ZOOM Rooms*

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What Questions **Medical Directors** Ask each Other?

- How can we Improve Patient Care?
- How to Support and Protect the Providers?
- How/When to Implement New Technology?
- What are we Doing to Prepare for Future?
- ***How to Provide Better Medical Direction?***



How do Eagles Share?



- Quick Questions, Short Answers
- Attach a document if needed
- Email thread is consolidated and return to group
- Discussion follows on hot issues
- They share with their Eaglets
- ***“Regional Eagles” sharing of information used for overdose response, major incident planning, and other programs***

Eagles Contribution and Needs?

40 Discussions
NOT COVID

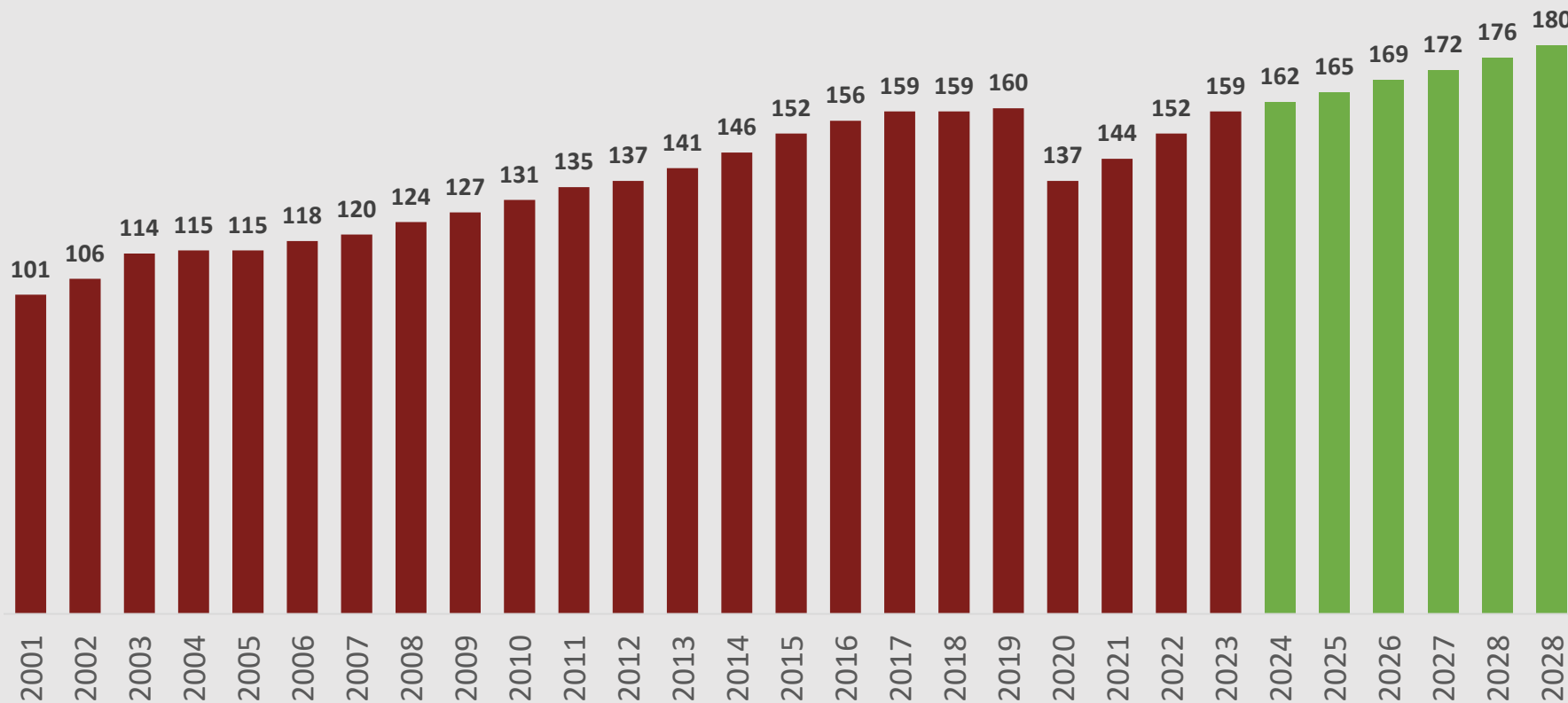
- 123 members across the globe
- 101 metropolitan areas and organizations
- Overseeing 219K EMS providers
- Serving population of 189M
- 24M EMS responses or 145/1000 population



- 82 metropolitan areas in the United States
- Oversee 165K EMS providers. Serving 111M
- 17M EMS responses or 146/1000 popu.
- 160M ED visits in the United States
- 36M EMS transports, 37% admitted

ED Visits are Increasing. 19% by EMS

Starting 1/1/26 that is a Billion visits by the end of 2031



1 Billion ED Visits

- 190M EMS Patients to the ED
- 190M Admits thru the ED
- Essentially all the major traumas, STEMI, Strokes, Ruptured Aneurysms, and High Acuity Patients

What is Happening in Operations?



- ED Boarding and Offload Delays. “Theft of Government Services”
- 911 Centers New Roles. About 30% of Eagles report an independent MD for 911 center, particularly if under PD Control
- Structure of EMS within FD’s – EMS Bureaus; OMD’s; Medical Boards
- EMS Tiered Transports. Only 20% of Services Utilize ALS-only Transport
- Are you seeing an increase in cases of Rhabdomyolysis for employees/trainees/academy within your agency during high exertion environments? **Yes in 30%**

What Medical Care Changes Occurring?



- Hydroxocobalamin is at working fire scenes in 70% of the FD's
- Growing Diversity of Glucometers Available for EMS
- Growing Use of Point of Care Blood Testing, particularly around MIHC and Critical Care
- Most are carrying Medications for Peripartum Women
- EMS Antibiotics for Sepsis is going to be an expectation in the next two years. Ceftriaxone is most common, then cefipime

What Best Approaches to Select Events?



- 30% have equipment and protocol for Cold Water Immersion for heat emergencies
- EKG in Triage is Common Practice for Hitting Time Marks, read live by an ED physician, not an AI reading
- Patellar Dislocations – 25% of Services allow Paramedics to Reduce

Technology Applications



- Do you have a policy addressing the use of generally available AI platforms in EMS run report completion?
- 100% of Responses were NO
- Connecting 911 and 988 - Yes













Public Safety Workforce

- Agencies working to Recruit and Retain the Future Providers
- Building Academies, and relations with colleges and degree programs
- Several agencies reported personnel who had religious objections to administering blood to patients



PPE – The Hansen Chart

First Responder PPE Chart

	Standard Precautions	Contact Precautions	Droplet Precautions	Droplet + Contact Precautions	Airborne Precautions	Airborne + Contact Precautions
Diseases & Infestation Types	HIV, AIDS, hepatitis, cellulitis	C. Difficile, CPO, MRSA, Lice, Scabies, VRE, RSV, Norovirus	Influenza, N. Meningitis, Mumps, Pertussis	Invasive Group A Streptococcus	Tuberculosis (TB), Measles	SARS-CoV-2, Ebola, Shingles, Monkeypox, Chickenpox, Arden Virus
Syndromic Precautions	Fever, night sweats, swollen lymph nodes, swollen skin, & inflamed with pain.	Fever, cough, wheezing, draining wound, diarrhea*, vomiting, infestation	Stiff neck, fever, headache, AMS, whooping cough, vomiting	Malaise, acute cough, sore throat, runny nose, fever, toxic shock syndrome	Fever, weight loss, cough, night sweats, skin rash	Fever, headache, rash, disseminated rash, rash similar to pimples or blisters
Responder PPE						
PPE Reminders	Use eye protection for airway procedures + gown for splash and liquid procedures	Use eye protection for airway procedures	Use a gown for splash and liquid procedures		Use gloves and gown for close contact. Add eye protection for airway procedures and any splash or liquid exposure	
Patient Mask Needed		 Positive or suspected RSV apply mask				

*Use an impervious patient cocoon or coverall suit to contain infectious bodily fluids, if possible

Definitions: AIDS - Acquired Immunodeficiency Syndrome
 HIV - Human Immunodeficiency Virus
 RSV - Respiratory Syncytial Virus
 CPO - Carbapenemase-Producing Organisms
 MRSA - Methicillin-Resistant Staphylococcus Aureus
 VRE - Vancomycin-Resistant Enterococci

References
 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: 5 (2008). <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>.
 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: 5 (2017). <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/transmission-precautions.html>.

Major Incident Challenges?



- Mass Gathering Events for EMS – One Third each of Local or State Ordinance; Local Policy, or No Policy
- Mobile Application for Activation of Peer Support Resources – Starting in Law Enforcement. Now in 20% of Eagles EMS Services

What are new Areas of Community Paramedicine?



- Managing and documenting “Lift Assist”, “false call”, vs “no patient found”, and “refused all contact”
- Expanded services for “familiar faces” and medically frail

Sharing Best Practices is a Great Practice

