

Commandant United States Coast Guard 2703 Martin Luther King Jr Ave SE Washington DC 20593-7907 Staff Symbol: CG-1121 Phone: (202) 475-5183 Email: Charlene.r.criss@uscg.mil

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MEMORANDUM

From:

S. C. Steiner, CAPT

COMDT (CG-1121)

Reply to

CDR Criss

Attn of:

(202) 475-5183

To:

D. L. Thomas, RADM,

COMDT (CG-11)

Subj:

EMERGENCY MEDICAL SERVICES GOVERNANCE AND ADVISORY

**COUNCIL MEETING MINUTES** 

Ref:

(a) COMDT (CG-1121) memo 6000 of 09 Apr 19

(b) COMDT (CG-11) memo 6000 of 26 Nov 19

1. Per Reference (a), the Emergency Medical Services (EMS) Governance and Advisory Council (GAC) met on May 7, 2020. The following personnel were in attendance:

Name	Office	Name	Office
CAPT Shane Steiner (Chair)	CG-1121	CAPT Arthur Gomez	CG-721
CAPT Stephanie Burrell	CG-1121	Mr. Mark Frankford	CG-MLE
CAPT Laura Collins	PAC-3	CDR Charlene Criss (Recorder)	CG-1121
CDR Will Johnson	CG-711	CDR Martha Mannion	CG-INV-1
CDR Loan O'Brien	CG-7413	CDR Kevin Saunders	CG-MSR
CDR Joshua Burch	CG-MLE-2	CDR Jessica Behera	CG-681
Mr. Kevin Jones	CG-731	Mr. Kenneth Nagie	CG-721
LCDR James Fenno	HSWL SC	LCDR Shaka Hill	CG-741
LT Ryan Hub	CG-7613	LT Elizabeth Ulan	CG-LGL
LTJG Ally Roesch	CG-MSR-1	MLES2 Anthony Ross	PAC-37
HSCM Naomi Dennis	HS RFMC	Dr. Rahshaan Engrum	CG-7211
ASTCM Eric Biehn	CG-7112		

2. **OPENING COMMENTS**. The meeting agenda was reviewed and no additions or changes made. The chair opened the meeting by acknowledging all attendees, and then reviewed purpose of the EMSGAC per Reference (a).

## 3. INFORMATION BRIEFS AND STATUS UPDATES.

- A. EMSGAC meeting frequency: The EMSGAC will meet semi-annually, and will host ad hoc meetings throughout the year to meet EMS issues, demands, or emergent issues as necessary.
- B. EMSGAC resourcing: This Council serves a cross-directorate advisory body that will review current, proposed, and emergent EMS policies and practices to advise senior leaders and stakeholders as needed. This group will provide direction on how to address EMS issues and provide information best practices and barriers to any requested changes.

This includes but is not limited to assessing policy, equipment, resource requirements (initial and sustainment), training impacts, etc. Since these issues may impact a single or multiple units, the council will work with the appropriate capability manager (s) on the development and justification of resource requests. Approval of the EMSGAC to implement a change does not confer any funding to support the approved changes. The approval conveys that applicable CG policies, procedures, training, etc. necessary to implement the requested change have been addressed or a plan of action and milestones has been developed. The business rules to submit issues were briefly discussed, and an expanded discussion of the adjudication process is found in Enclosure (1).

- C. Discussed the electronic Patient Care Record (e-PCR) DHS has adopted for pre-hospital care. LCDR Fenno, HSCM Dennis, HSCM Royes, and HSCM Aviles are on working groups for implementation and are the SMEs for this platform. It is unclear if and when it will roll out CG-wide, however HSCM Dennis is working with HQ C5IT personnel to overcome security and firewall challenges. It is not clear if this platform will be utilized for responders below the EMT level. It functions on a portable device in the field and then the information can by synched and uploaded later. The SMEs will continue to work with DHS and C5IT and will report back to the Council next meeting.
- D. The overall CG EMS structure and framework were discussed in regard to ambiguity of roles and levels of care. This has been clarified in the EMS Manual draft which is undergoing internal routing and will then be placed into concurrent clearance.
- 4. The next EMSGAC meeting will be held July 20, 2020 @ 1300. The meeting location (meeting room or virtual) and format will be sent via SEPCOR.

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**Enclosure (1) EMSGAC Process** 

Copy: CG EMSGAC

## **EMSGAC Process:**

- 1. The process for submitting, managing, and documenting decisions and recommendations are as follows:
  - a. Commands may submit requests, concerns or issues via email at <u>HQS-SMB-EMS-Program@uscg.mil</u>.
  - b. COMDT (CG-1121) will review all submitted requests and disseminate them to the appropriate stakeholder.
  - c. The respective capability manager(s) will be responsible for the development of any read ahead or background material prior to the meeting where the issue will be presented and discussed. In the event an EMS topic impacts multiple entities a lead or co-POCs will be designated. Unless explicitly stated on the agenda, no vote will occur on an issue initially being presented to the EMSGAC during the same meeting. This will enable follow-on questions, discussions and resolution of issues prior to a vote. Voting will be conducted per Reference (b).
  - d. The Chair will assign a recorder, a COMDT (CG-112) staffer, to each meeting and ensure meeting minutes are recorded, reviewed, and distributed within 10 business days of the meeting.
  - e. All meeting background material, read-aheads and presentations must be submitted to the EMSGAC at least 96 hours prior to the scheduled meeting.
  - f. An initial draft agenda will be disseminated 14 days prior to the scheduled meeting. The final meeting agenda and read-ahead material will be disseminated 72 hours prior to the scheduled meeting.