Call to Order

1:00 PM

Roll Call

See attached

Agenda – any additions?

None

Approve minutes from 12/27/12

Motion Katrina; Second Jolene; APPROVED

Model Rules for Ambulance Vehicle Design Project - Review

Discussion about the NASEMSO letter to federal GSA was held with a brief update on status of that letter.

1. Tentative Interim Amendment (TIA) Status
   i. Overview and updated where the TIA’s were
   ii. Public comment encouraged regarding revised draft of NFPA 1917 and the TIA’s.

2. NFPA Workgroup Status
   i. May 29 & 30 Baltimore
   ii. Designed to review the NFPA 1917 and verify the issues regarding the standard as compared to other standards (KKK & ASTM)

3. ASTM International

   I. Paul Roman explained their purpose as a long history of collaboration in standard setting. ASTM is an opportunity. They represent a process, not an agenda. In 1984, then HEW mandated use of consensus based standards. 500 people attended the organizational meeting of the EMS “F30” committee later that year. US POT funded the standards writing process for over 10 years. They have developed 70 standards, 40 of
which are current. Four are under development. Look at standards related to operations, training, disaster response, dispatch, etc. Here to update us about their status, invite state EMS officials to participate. Early on the process was very cumbersome, but ASTM has streamlined their processes significantly. Very common for states to incorporate ASTM International standards by reference. Improvements happen through incorporating ASTM’s and other voluntary consensus standards. KKK specification is a procurement device. Purchasing can specify more requirements. Participants have control of the document when they are present in sufficient numbers. NFPA and ASTM have a long history of collaboration. NFPA uses some ASTM standards.

II. ASTM began when the railroad industry needed standards for rail size and construction. There are now 130 committees with 20,000 committee members. Committee balance must meet the requirements of ASTM. Balloting process involves several stages. F30 meets twice a year, this year in conjunction with EMS Today and AMTC. Other years the meetings have been held with NAEMSE or NAEMT depending on what the “hot” issue was in a standard under development.

III. ASTM uses technology to monitor standards development and make other informational resources available. Paul reviewed the titles of several articles provided as handouts. One in particular, “Standards Development: Are You at Risk?” talks about the intersection of legal issues and voluntary consensus standards. “A Day in the life of ASTM Standards” describes the many ways people encounter products and services designed to conform to ASTM standards. Another article was written by former state EMS Director Joe Phillips (TN) who chaired the F30 Committee after it was chaired by the former state EMS director from Maine, Kevin McGinnis.

IV. Constructive antagonism was offered as the means by which the consensus standards come about. Paul explained that one of the handouts includes some of his observations about information presented in an MRAVD meeting on NASEMSO’s members’ dilemma related to ambulance vehicle design. SAE, UI, and others frequently come to the table in the ASTM process. ASTM F30 Committee members are very aware of the safety and other issues affecting the EMS industry.
V. ASTM will compile sets of standards electronically. One has been assembled to include all emergency-related standards. It can be purchased on line or is a free resource to members that pay a $75/year fee. ASTM is a process, not a position. The document and the process are open. A series of articles about EMS were published by the Detroit news that pointed to a future where standards needed to be part of the solution. ASTM International believes they have the definitive process.

VI. NASEMSO could have its own task group. Introduced Les Sherman, the equipment task group chair. He is the president of Impact Instrumentation.

VII. Les addressed why his company is a member of the F30 Committee. He has to stay up on standards of all kinds. Also a member of the E54 Committee (Mass Casualty & Disaster Committee). Their equipment has been to every war since Gulf War #1, is stockpiled throughout the country in the event of a national emergency. ASTM Committee members are volunteers, encourage the participation of people with expertise and experience. There has to be a collaborative environment of educators, manufacturers, and others to learn from each other and promulgate standards that everyone can live with. We have to evolve and discuss trends and directions.

VIII. Scott Orthey, staff manager at ASTM is responsible for the F30 Committee along with 6 others. He provided an overview of product and personnel certification and handouts related to that, the “Accident and Disaster Control” packaging of standards, and “what is ASTM International”?

IX. Pete Chambers, F30 Committee Chair became an EMT in the early 1970s and one of the first people with ALS certification. He got involved with ASTM as a BLS provider because he had a lot of questions. He later started working in EMS administration, and found that often the response was “Because.” That’s not a good answer today. ASTM has the broadest scope to be able to reach into the evidence based science; if the question is about electrical or structural systems, they will reach into the expertise of those groups. The diversity of the participants is key to its success. Used an example of a member they have never met in person, but he responds to every draft that is distributed. Everyone is not going to come to the table with the same opinions. ASTM has over 100 years of experience reconciling issues.
X. Pete pointed out the F30 Committee members in the room from the Army, using them as an example of how research/test facilities contribute. State EMS officials are on a cusp and driving the future based on what the officials say yes or no to. ASTM has a process that can uniquely benefit EMS.

XI. Question for clarification about the NASEMSO resolution, it was about EMD specifically. When the 1984 meeting was held, nearly every state EMS director was there. The EMT curriculum was a high priority. A smaller writing group was funded to write the standard. The medical community had concerns so the group removed the term “medical scope”. DOT pursued another avenue to write the curriculum. When Jeff Michael was the NHTSA/OEMS director, the ASTM business model changed to include doing curriculum but by then it was too late.

XII. DoD asked ASTM to write five standards on immobilization devices, such as backboards and cervical collars. US DHS funds the E54 Committee and in the wake of 9/11, they have written standards that were never anticipated.

XIII. NASEMSO members were encouraged to stop in to the F30 meeting being held tomorrow. NASEMSO members have major tasks ahead, and if diversity of expertise

XIV. Telephone calls are welcome. Scott Orthey’s phone number: 610-832-9730. Paul Roman’s phone number: 732-842-7850.

**Review State’s Rules...cont.**

1. Overview of South Central Rules
2. Texas rules identify select subsections of the KKK specs as the only required to be met. A separate statute dictates specific requirements related to emergency lights. Nevada and Texas spoke in favor of the use of a phrase such as “or equivalent”. Other states rules were reviewed.

**Let’s write the model**
1. Discussion about model rules continued by looking at Arkansas’ draft rule revisions. Due to a requirement for full legislative review and a biennial legislature, AR pulled a subset of standards from among the KKK, ASTM, and NFPA that they felt were within the scope of their authority and that their inspectors would be capable of inspecting.

2. Discussion also centered on the reliance on chassis and ambulance manufacturers to have the expertise to build ambulances properly. A parallel was drawn with EMS data collection and having a minimum standard that all vendors must conform to or exceed.

3. Some historical perspective was shared about the KKK being the purchasing spec of a federal agency with one employee wielding a lot of influence, and it was not meant to address the contemporary concerns like safety in the patient care compartment.

4. This effort is intended to help the states that need replacement language.

5. Additional rule considerations that emerged were: SEE ATTACHED DOCUMENT

Next AVL Committee Meetings

Thursday March 28, 2013

New Business/ Other

None

Adjourn

Motion Katrina; second Jolene; APPROVE 1500 Hrs