

## NEMSAC

The National EMS Advisory council (NEMSAC) was formed in April 2007 as a nationally recognized council of Emergency Medical Services (EMS) representatives and consumers to provide advice and recommendations regarding EMS to the National Highway Traffic Safety Administration (NHTSA). NEMSAC does not exercise program management or regulatory development responsibilities, and it makes no decisions directly affecting the programs on which it provides advice.

NEMSAC meets three or four times per year in open and public meetings to deliberate on specific policy issues affecting EMS systems throughout the country. The council has five standing committees that draft advisories and recommendations for the full Council's consideration. Final advisories contain several recommendations for NHTSA and the Federal Interagency Committee on EMS (FICEMS) and can be found below:

- NEMSAC Final Advisory on Community Paramedicine (December 2014)
- NEMSAC Final Recommendation on FICEMS Strategic Plan Implementation (December 2014)
- NEMSAC Final Recommendation on the EMS Education Agenda for the Future (December 2014)
- NEMSAC Recommendations on the EMS Agenda for the Future
- NEMSAC Recommendations on Implementing the National EMS Culture of Safety Strategy

NHTSA's Office of Emergency Medical Services has scheduled September 7-8, 2016 for a NEMSAC meeting. The meeting will be held in the Washington, D.C. area. Additional information will be provided closer to the meeting date. At this meeting, NEMSAC welcomes direct public comment, both in-person and in writing before the meeting. We hope you take advantage of this great opportunity to speak directly with NEMSAC members.

Additional information can be obtained by utilizing the following websites:

- Annual report: [www.ems.gov/pdf/NEMSAC\\_Annual\\_Report\\_2015.pdf](http://www.ems.gov/pdf/NEMSAC_Annual_Report_2015.pdf)
- 2015-2017 NEMSC members: [www.ems.gov/NEMSAC.htm](http://www.ems.gov/NEMSAC.htm)

## EMSAC

West Virginia's Office of Emergency Medical Services receives advice and direction from several committees and organizations. Among these is the EMS Advisory Council (EMSAC). It is comparable to NEMSAC in that its purpose is developing, with the commissioner, standards for emergency medical service personnel and for the purpose of providing advice to the office of emergency medical services and the commissioner with respect to reviewing and making recommendations for, and providing assistance to, the establishment and maintenance of adequate emergency medical services for all portions of West Virginia

EMSAC has created liaison positions to interface with other agencies, associations, or EMS specialty groups. The primary purpose of the liaison position is to exchange information. Liaisons are not voting members of the Committee, but they are included in discussions. Whenever possible, the Committee solicits the opinions of the liaisons. While State code requires the Committee to meet at least twice a year, the Committee's bylaws require it to meet at least quarterly. The meetings are open to the public, posted on the Secretary of State's website, and the minutes of the meetings are publically available.

## EMT Recertification

The 2016 EMT certification expiration date is December 31, 2016. To insure that you have your card in hand by January 1, 2017 WVEOMS must be in receipt of a complete recertification packet (all documentation complete) no later than September 30, 2016.

The new certification and recertification policies are in effect. Old policies will no longer be used in meeting requirements for certification or recertification. The new policies are posted on this website:

- <http://www.wvoems.org/files/policy/emt-certification-recertification>

## 2016 West Virginia Trauma Symposium

The 2016 West Virginia Trauma Symposium was held on February 12, 2016 at the Stonewall Resort in Roanoke, West Virginia. The conference was designed for trauma surgeons, general surgeons, emergency room physicians, nurses, mid-level providers, prehospital health care providers, coding specialists and health information professionals representing a collaborative effort between experts in various trauma disciplines from around the United States. A trauma nursing workshop was held on the opening day of the conference featuring topics on surgical trauma, neurological trauma and complications. This year, the symposium offered a special track on Friday, February 12, 2016 for EMS providers. For information on future symposiums and workshops please contact Sherry Rockwell at [sherry.l.rockwell@wv.gov](mailto:sherry.l.rockwell@wv.gov).

## West Virginia Trauma Registry

The new West Virginia Trauma Registry platform was implemented January 1, 2016. This new Digital Innovations Trauma Registry platform (V5) is ICD-10 compliant and provides all West Virginia Trauma Centers with the ability to submit their data to the National Trauma Data Bank (NTDB).

## West Virginia Trauma Center Designation

Congratulations to our West Virginia Trauma Centers that underwent Recertification of West Virginia Trauma Center Designation in 2015. These centers include:

### Joint Community Trauma Program—Level III

Cabell Huntington Hospital  
Ohio Valley Medical Center

### Level III Designation

Berkeley Medical Center  
Camden Clark Medical Center

### Tri-State Trauma Program—Level II

St. Mary's Medical Center  
Wheeling Medical Center

### Level IV Designation

Beckley ARH Hospital  
Bluefield Regional Medical Center  
Raleigh General Hospital  
Boone Memorial Hospital  
Pleasant Valley Hospital  
Preston Memorial Hospital  
St. Joseph's Hospital—Buckhannon  
Stonewall Jackson Memorial  
Wetzel County Hospital

## West Virginia EMS for Children Pediatric Symposium

The West Virginia EMS for Children 2016 Pediatric Symposium was held January 19, 2016 at the Kanawha County Ambulance Authority in Charleston, West Virginia and on January 28, 2016 at Wheeling Hospital, in Wheeling, West Virginia. Both events were sponsored by the West Virginia Office of EMS, EMS for Children (EMSC) Program.

"Children are not small adults" and can present unique challenges for emergency care for both hospital personnel and EMS field providers. Due to the specialty care the pediatric population requires, this intensive one-day pediatric symposium focused on topics of critical thinking skills, infectious diseases, emergent burn care, overdoses and drugs of abuse, respiratory emergency case studies and shock.

For addition information on upcoming events please contact Vicki Hildreth at [vicki.l.hildreth@wv.gov](mailto:vicki.l.hildreth@wv.gov).

## Always Ready for Kids (ARK) Hospital Recognition Program

The ARK Medical Advisory team has updated the ARK Recognition Program criteria. These criteria are evaluated annually to ensure the program maintains the most up-to date standards and recommendations.

For more information, please contact Vicki Hildreth at [vicki.l.hildreth@wv.gov](mailto:vicki.l.hildreth@wv.gov)

## 2016 EMS Protocol Training Module

The 2016 Protocol training video and revised protocols are now in effect. The training video has been provided to all agencies and training centers. Please review this training video to ensure consistent utilization of the protocols statewide. The 2016 Protocols are also posted on the website. A significant change involves Fentanyl. The initial dose has been increased from 50 micrograms to 100 micrograms. A second dose may be administered per directions of medical command. The “Death in the Field and Cease Effort” protocol has also been revised. The protocols are continuously reviewed and revised. All suggestions are

### S.T.A.B.L.E.

The S.T.A.B.L.E. Program is one of the most widely distributed and implemented neonatal education programs focused exclusively on post-resuscitation/pre-transport stabilization care of sick infants. It was developed to meet the need of health care providers who deliver stabilization care to infants. The program’s acronym refers to the six assessment and care modules, which are Sugar, Temperature, Airway, Blood Pressure, Lab Work, and Emotional Support. A seventh module, Quality Improvement stresses the professional responsibility of improving and evaluating care provided to sick infants.

The S.T.A.B.L.E. Program is approved for both EMS and nursing continuing education credit. There is no cost for these courses and seating is usually limited. Please contact Vicki Hildreth at [vicki.l.hildreth@wv.gov](mailto:vicki.l.hildreth@wv.gov) for addition information on upcoming educational opportunities. Online registration is also available at [www.wvoems.org/onlineregistration](http://www.wvoems.org/onlineregistration).

## Communications Division

As of January 1, 2016, the OEMS Communications Division is responsible for the communication equipment at 134 sites. This consists of a combination of tower sites and dispatch centers throughout the state of West Virginia. OEMS Communication provides communications to first responders in all 55 West Virginia counties utilizing Medical Command and the Motorola trunked radio system known as the Statewide Interoperable Radio Network (SIRN).

The Division assisted the West Virginia State Police, South Charleston Detachment upgrade their dispatch centers with Motorola 7,500 dispatch consoles giving them the ability to directly connect to the SIRN system. This enables speedier connection to the field units, allowing prioritized emergency calls to go through no matter how busy the system is, and the quick re-routing of calls in the event of an Internet Protocol (IP) network path failure, thus minimizing lost audio and or any impact on the end user.

## Medical Direction

EMS protocols are designed for 911 incidents in order to assist in pre-hospital stabilization of patients being transported for an emergency department medical screening exam. EMS Protocols are standing orders designed for pre-hospital emergent care. The EMS protocols are not authorized for routine non-emergent transports such as home to hospital, home to doctor’s office or office to home.

Medical command is available 24/7. You should consult medical command prior to administration of any medication during a non-emergent call. For instance, the patient develops nausea during the non-emergent transport from doctor’s office to home. The EMS provider feels that Zofran might assist in relieving the symptoms. This is not a 911 call. However, you can consult medical command and request orders for the antiemetic. This can result in one of three responses:

- Permission to administer the medication and continue transportation to destination.
- Permission to administer the medication and re-route to the nearest emergency room.
- The permission to treat is not given.

In summary, the protocols are for 911 patients and interfacility transports. 911 patients, by definition, require emergent treatment or ongoing treatment. Routine transports do not require emergent treatment.