STATE OF WEST VIRGINIA
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Jim Justice
Governor

Bill J. Crouch
Cabinet Secretary

Minutes

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

September 12, 2017

Members Present
Edward Hicks
Brenden Brown
Jeff Kady
Marsha Knight
Jim Kranz
Dr. Lisa Hrutkay
A. Gordon Merry
Trish Watson
David J. Weller
Nancy Cartmill
Paul Seamann
Donna Steward
Glen Satterfield

Members Absent
Stephen McIntire
Connie Hall

Guests
Edna Williamson
Stephanie Vandetta
Chad Winebrenner

Guests
Allen Myers
Chris Hall
Ed Bays
Mike Conners
Ryan Barry
Nick Cooper
Mike Thomas
Greg Burd
Justin Spence
Doug McDonald
Matthew Largent
Ray Steward
Jeff White
Rita White
Jerry Long
John Dearnell
Shirley Morrison
James V. Hill
Elizabeth J. Ward
Dylan Handley
Dr. L. M. Peterson

Guests
David Cutright
Patrick Cornell
David Custer
David Hodges
Shane Wheeler
Kevin Duckwall
Karen Scheuch
Alisha Samples
Ed Hannon
William Weese

OEMS Staff
Melissa Raynes
Dr. Michael Mills
Sherry Rockwell
Bob Dozier
Danny Anderson
John Thomas
Tim Priddy
Vicki Hildreth
Terri O'Connor

I. Welcome, Introductions and Roll Call

Chairman Jamie Weller called the quarterly meeting of the Emergency Medical Services Advisory Council (EMSAC) to order on September 12, 2017 at 1:35 PM at the Medical Coordination Center in Flatwoods, WV. Chairman Weller welcomed members and guests. Roll call followed.

Chairman Weller welcomed two new members to the EMSAC Board. They are Trish Watson who succeeds William Weese and Brenden Brown who succeeds Richard Rock.

II. Approval of June 13, 2017 Minutes

Paul Seamann made motion to approve the minutes of the June 13, 2017 regular statutory meeting as presented. Motion seconded by Dr. Lisa Hrutkay. Motion carried.

III. Chairman Report

Chairman Weller presented the August 2017 EMSAC Legislative Report during the first EMS meeting held during the interim legislative sessions. EMSAC will continue to move forward by opening communication for all EMS personnel, Squads, WVOEMS, EMS Coalition and supporting agencies to work together as one unit with one goal that will continue to prosper and grow.

IV. EMSAC Committee Reports

Special Interest

Paul Seamann presented brief status updates on the following:

- CCT – The committee is currently working on Interfacility Crew Configuration and Patient Care Transport Guidelines focusing on the Class 1, Class 2 and Class 3. Those committees have been meeting throughout the summer with broad representation throughout the state. The committee is anticipating a roll-out and pilot program soon.

- Community Paramedic – This committee has been meeting regularly through the summer creating the base ground work focusing on reimbursement, education/training, liability and communication.

- EMS Coalition – The EMS Coalition will meet at the 2017 WV EMS Conference October 4 – 6, 2017 at Lakeview Resort in Morgantown, WV.

Administration

Chairman Weller reported that he had a conversation regarding using constant contact as a platform for discussion. As a result, a subcommittee has been formed to work on developing a communication platform that is not a venting platform.

Connie Hall presented a brief status update on the Provider Recognition Awards. New suggestions and guidelines will be presented during the December 12, 2017 EMSAC meeting with the final results presented at the March 12, 2018 meeting.

Safety

Glen Satterfield reported on the dangers of substance exposure to the EMS professionals and specific precautions and or actions that they can take in the event of accidental exposure.

Viki Hildreth reported that in August 2017, the EMSC program obtained $40,000 in funding from a collaborative partnership with the Healthcare Preparedness Program enabling EMSC to begin the procurement of dozen of ACR4 (Ambulance Child Restraints). These will be distributed to EMS Agencies based on pediatric data. This device contains 4 color-coded restraints. Ambulances receiving this device will allow an EMS Field Provider to select different sizes when transporting the pediatric patient as it will work on patients weighing 4-99lbs.

Policy/Procedure & Protocol

Paul Seamann reported that the OEMS website posted the following policy, procedure and protocol changes for a 30-day comment period to run from August 21, 2017 through September 19, 2017. Chairman Weller presented a brief description of the 30-day comment period as required by Legislative Rule 64 CSR48 9.1.b.2 in addition to a brief explanation of the revision and or change.

- WVOEMS Protocol Submission Policy
  This policy creates a standardized way to request protocol changes, revisions, implementations. This policy was recommended by EMSAC and approved by MPCC. Motion made by Glen Satterfield to adopt this Protocol Submission Policy. Motion seconded by Edward Hicks. Motion carried.

- EMT Recertification Proposal
  A sub-committee of EMSAC was established to develop a program that would not cause undo hardships on providers, have a minimal impact financially to the squads, improve pass rates, and meet the requirements of MPCC. This product will meet all the goals and cleans up the system into a neat package. It also adds flexibility to the provider in how and where they attend classes. This policy was approved by EMSAC and MPCC with zero (0) negative feedback from the EMS communities attending those meetings. Once approved, this will be implemented January 1, 2018.
  Motion made to accept this EMT Recertification Proposal. Motion seconded and carried.

- Paramedic Recertification Proposal
  A sub-committee of EMSAC was established to develop a program that would not cause undo hardships on providers, have a minimal impact financially to the squads, improve pass rates, and meet the requirements of MPCC. This product will meet all the goals and cleans up the system into a neat package. It also adds flexibility to the provider in how and where they attend classes. This policy was approved by EMSAC and MPCC with zero (0) negative feedback from the EMS communities attending those meetings. Once approved, this will be implemented April 1, 2018.
  Motion made to accept this Paramedic Recertification Proposal. Motion seconded and carried.

- WVOEMS Education Policy
  This policy was revised based on the proposed recertification requirements to add in the "Applicable Hours" section. This simply identifies the hours that will be awarded for courses that are offered by multiple agencies in multiple time frames. Example: Haz Mat Awareness is offered in a 2-hour course and an 8-hour course; the provider will be awarded 3 hours no matter which course they complete. This policy was approved by EMSAC and MPCC.

- Protocol 4604 – Diabetic Emergencies
  This protocol was changed by MPCC in April however research has proved that the protocol was correct and should remain as is. The blood glucose level for treatment will remain 60 mg/dl. In addition, the use of cardiac monitoring was moved to later in the protocol. This protocol was never brought to EMSAC prior to the change in April but was approved by MPCC in July.

- Protocol 9105 – Field Aeromedical
  This protocol was adjusted to incorporate the use of hospital based helipads in emergency situations without entering the hospital. This will require an MOU between the squad and the hospital. This policy was researched and proven to be in compliance with EMTALA and CMS. This protocol was approved by EMSAC and MPCC.

- Protocol 4303 – Pulmonary Edema
  This protocol was changed to reflect a blood pressure of 110 systolic to utilize Nitro in the treatment of Pulmonary Edema. The current BP of 180 systolic has proven to eliminate the use of Nitro in these patients which is a proven course of treatment. MPCC has approved this protocol.

- Protocol 4102 – Selective Spinal Immobilization
  This protocol was changed to include more explanation and adjustments for the use of spine boards. MPCC has approved this protocol.

- Protocol 4501 – Allergic Reaction/Anaphylaxis

This protocol was changed to eliminate the need to contact medical command physicians to provide treatment in cases of moderate and severe distress. This protocol was approved by MPCC.

Chairman Weller presented the following policy, procedure and protocol changes:

- EMR Recertification Proposal
  A sub-committee of EMSAC was established to develop a program that would not cause undo hardships on providers, have a minimal impact financially to the squads, improve pass rates, and meet the requirements of MPCC. This product will meet all goals and clean up the system into a neat package. It also adds flexibility to the provider in how and where they attend classes.
  Motion made by Glen Satterfield to move forward with the EMR Recertification Proposal. Motion seconded by Dr. Lisa Hrutkay. Motion carried.
  Motion made by Edward Hicks to post the EMR Recertification Proposal for a 30-day public comment period to be followed by MPCC consideration. Motion seconded by Jim Kranz. Motion carried.

- Protocol 4902 – Patient Comfort/Pain Management
  This protocol was changed to include the use of Ketamine as a non-cardiac pain relieving agent after the administration of Morphine or Fentanyl. This does not require MCP order for the initial dose. This protocol was approved by EMSAC to move forward to MPCC with zero (0) negative feedback from the EMS communities attending those meetings.
  Motion made by Nancy Cartmill to move forward with the revision to Protocol 4902. Motion seconded by Dr. Lisa Hrutkay. Motion carried.
  Motion made by Glen Satterfield to post revised Protocol 4902 for a 30-day public comment period to be followed by MPCC consideration. Motion seconded by Marsha Knight. Motion carried

- Protocol 4607 – Behavioral Emergencies/Patient Restraint
  We divided Chemical Restraint into Behavioral Emergencies and Excited Delirium. Excited Delirium now includes the use of Ketamine. This protocol requires consultation with Medical Command and was approved by EMSAC to move forward to MPCC with zero (0) negative feedback from the EMS communities attending those meetings.
  Motion made by Nancy Cartmill to move forward with the revision to Protocol 4607. Motion seconded by Dr. Lisa Hrutkay. Motion carried.
  Motion made by Glen Satterfield to post Protocol 4607 for a 30-day public comment period to be followed by MPCC consideration. Motion seconded by Marsha Knight. Motion carried.

- Protocol 4112 – Tranexamic Acid – OPTIONAL
  This protocol was added to include the OPTIONAL use of Tranexamic Acid (TXA) to the Trauma Treatment Protocols. This protocol requires consultation or direct contact with the Medical Command Physician and was approved by EMSAC to move forward to MPCC with zero (0) negative feedback from the EMS communities attending those meetings.
  Motion made by Dr. Lisa Hrutkay to move forward with the revision to Protocol 4112 and to post Protocol 4112 for a 30-day public comment period to be followed by MOCC consideration. Motion seconded by Paul Seamann. Motion carried.

Chairman Weller reported that there have been multiple requests for a Drug Information/Reference Sheet to be included as an appendix to the protocols. This reference sheet will include such basics as the Trade Name, Generic Name, Chemical Class, Therapeutic Class, Actions, Pharmacokinetics, Indications, Contraindications, Precautions, Dosage, Side Effects and Administration among others. A working copy was presented to MPCC in incomplete form for review and comment. MPCC approved the addition of this form to the protocols once completed. Motion made by Donna Steward to adopt this as a working document and add as an appendix to the protocols. Motions seconded by Paul Seamann. Motion carried.

Chairman Weller stated that there was an issue with HAZMAT Awareness relative to meeting the OSHA 1910.120 standards and the NFPA 472, 473 standards. Chairman Weller contacted the U.S. Chemical Safety and Hazard Investigation Board (CSB) for a ruling. The reply is as follows:

As the CSB recommendation required "annual hazardous materials response refresher training" without specifying a source and after comparing the content of the NFPA 472, 473 and OSHA 1910.120 standards, the CSB considers successful completion of either of these two NFPA training courses to be equivalent to OSHA's 1910.120 awareness training for satisfying the annual hazardous materials response refresher training requirement specified in the CSB recommendation.

Motion made by Gordon Merry to begin accepting the NFPA 472,473 standards in lieu of the OSHA 1910.120. Motion seconded by Marsha knight. Motion carried.

Training
Marsha Knight stated that Chairman Weller addressed the education components with the Policy, Procedure and Protocol changes/revisions. The Training committee will continue to work in the roll outs and training the safety officers. Ms. Knight also stated that there are no new developments with online certification testing. Johnna Hess, WVOEMS Examination Coordinator will continue to administer all test.

V. Special Reports

OEMS
Melissa Raynes reported that OEMS has no new vacancies or new hires. OEMS continues to have an OA III vacancy in Trauma. The hiring freeze continues as do the budget restrictions related to travel and hospitality.

OEMS is averaging 20 investigations per month of which 75% are completed within the same month. Some are referred to the agency or the regional medical director for review and comment. OEMS continues to have around 6,000 total certified providers with approximately 4,000 active on runs at any given time.

As of the end of July OEMS had about 38,000 runs which is about our average for the past twelve months. For fiscal year 2017 OEMS had 534,893 runs. As the EPCR's continue to come in this number can and will fluctuate. We were seeing a sixty forty split between BLS (60%) and ALS (40%) runs. We are now seeing BLS at 47%, ALS at 25%, Aero med at 1% and 27% unknown. It is noted that more attention should be given to documentation so that we can reduce the "unknown" data.

The largest age group being transported is 50-90-years old with the trend being more towards the older. For children age 0 to 18 West Virginian is consistent with the rest of the nation with 5% of the transports being for children.

OEMS Naloxone administrations for 2017 are at 3,966. In 2016, there was 5,901. OEMS is working with several partners on opioid overdose prevention strategies. We are also working with various violence and prevention of injury programs, the WVU Injury Control Research Center, the Bureau for Behavioral Health and Health Facilities and the State Police. We have applied for a SAMHSA First Responder Cooperative Agreement that would provide Naloxone to EMS agencies and selective high risk communities. It would also provide funds to assist these communities in implementing intervention programs. We could conceivably have various pilot programs throughout the state relating to OEMS initiating these intervention strategies. OEMS is also facilitating a multidisciplinary work group that is investigating the overdose incident that occurred in Mason county in April 2017. DHHR and the Bureau for Public Health are implementing an office of drug control policy. Jim Johnson has been named the director of that office and he will be working to supplement his staff.

The state average response time remains at 2 hours. OEMS has around 1,182 permitted vehicles and we are back to 200 licensed agencies. We are averaging consistently 4,500 trauma runs per any given month with the most prevalent injury being falls, motor vehicle accidents and unknowns.

OEMS has the final contract with CIS. It was awarded to UNCPIC based on several initiatives. OEMS has been asked by the Department of Homeland Security to not self-deploy in the event of natural disasters such as hurricanes. This type of deployment must be coordinated through appropriate channels.

The Center for Threat Preparedness and their healthcare preparedness program has received a federal grant that has a coalition focus on several EMS agencies that have participated in regional hospital exercises in past years. You will see those hospital exercises changing. The requirements have increased those exercises to be on an annual basis and at least one hospital in each region will have to evacuate. EMS will be called upon to participate.

The State Trauma Advisory Council has a new chairman that will be taking over in October 2017. The last meeting was in August 2017. They will be work with various entities over the next several years to develop a national trauma system.

The secretaries for DHHR and DMAPS are working to facilitate the transfer of the communications unit from OEMS to DMAPS. This includes equipment, funding, tower leases, insurance etc. Due to the budget restrictions and other unforeseen issues OEMS was not able to provide funding to TSN therefore, OEMS has absorbed all TSN functions.

The first Stroke Advisory Council meeting was held in July 2017. The next meeting will be September 28, 2017.

OEMS did participate in the 2017 Boy Scout Jamboree with a favorable outcome.

CCT
(See Special Interest Committee Reports)

Mobile Integrated Healthcare-community Paramedicine Initiatives
(See Special Interest Committee Reports)

Medical Command
(No information presented)

Air Medical
Tenth base of operations opened in Moundsville, WV for WVU Medicine.

VI. Old Business
Nothing to report

VII. New Business
Mr. Mike Thomas, Director of Safety and Risk Management for JanCare Ambulance Service recently attended the National EMS Advisory Council in Washing DC. This was the last session for the current members. Mr. Thomas reports that It appears that the term “Paramedicine” is not considered satisfactory nomenclature by the various regulatory agencies. It has been requested to change the wording to “EMS Providers”. They are also adamant that endotracheal intubation be removed from EMS scope of practice all together.

Mr. Thomas also spoke on fatigue and EMS. This is a relevant issue that is being addressed by the EMS Fatigue committee. Issues being addressed are fatigue measurement, shift scheduling interventions, fatigue related risk, fatigue counter measures, fatigue training etc. Mr. Thomas read the questions and answers of one survey. The results of this committee will be out in December 2017.

Mr. Thomas also spoke on the pros and cons of the utilization of flashing lights and sirens. This is a strong political issue and will take time to resolve.

VIII. Good of the Order

RESA is now known as West Virginia Public Service Training or WVPST. In CIS the Training Institution names have been changed from RESA to WVPST, and instead of numbers they are using city names. You can refer to the new website www.WVPST.org.

Adjournment

Motion made to adjourn. Motion seconded and carried.