



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Emergency Medical Services

Bill J. Crouch
Cabinet Secretary

Ayne Amjad, MD, MPH
Commissioner & State Health Officer

Minutes
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL (EMSAC)
Blackboard Collaborate Session

October 15, 2020

Members Present

Dr. Lisa Hrutkay
Trish Watson
R. Craig Horn
David J. Weller
Paul Seamann
Jim Kranz
Connie Hall
Marsha Knight
Brian A. Doughty
William Weese
Brian Potter
Chad Lindsey
Donna Steward

Members Absent

Nancy Cartmill

Guest

Dr. Mel Wright
Troy Bain
Chris Collins
Jerry Warner
Forest Weyen
Steve Nuckles
Phillip Bolt
Richard Todd II
David Tice
Robert Hanson
Paula Loudon
Shawn McKenna
Jonathan Carolla
Torie Geis
Jerry Higginbotham
Robert Wilburn
Dr. P.S. Martin
Clinton Burley
Shirley Morrison
Cayla Long
Deron Wilkes
J. Scott Hale
Kurt Gainer
Heather Brown
Nicholas Cooper
Monica Mason
Dr. Michael Peterson
Colin Graham
Sean Cantrell
David Pratt
J.T. Taylor
Walt Ivey
Dr. James Kyle

OEMS Staff

Vicki Hildreth
Dr. Michael R. Mills
Terri O'Connor
Laura Forren
Jerry Mullins
Sherry Rockwell
Candace Facemyer
Steve Edmond

I. Welcome, Introductions and Roll Call

Chairman Weller called to order the quarterly meeting of the Emergency Medical Services Advisory Council at 1:05 PM on October 15, 2020 via Blackboard Collaborate Session. Chairman Weller welcomed members and guests. Roll call followed; Quorum established.

II. Approval of July 16, 2020 Minutes

Motion made by Paul Seamann to approve the minutes of the July 16, 2020 regular statutory meeting as presented. Motion seconded by Dr. Lisa Hrutkay. Motion carried.

III. Chairman Report – David J. Weller

Chairman Weller reported that all committees are under legislative scrutiny and they are being very cautious of who they are placing on these committees. They are now using a significant vetting process that they have not used in the past.

We have had unusual times and disturbances in EMS with COVID-19 dealing with the issues and tasks that have been accomplished during the past six months of this year. Along with this, came the issue of social media comments, social media wars and events that escalate into much larger events that really do not matter. EMSAC has a job to do and is subject to specific legislative expectations, standards, and ethics. Please remember this when you are commenting and or getting involved in social media issues.

IV. EMSAC Committee Reports

Special Interest

- **Utilization of the EMS workforce to support COVID-19 vaccination programs – Paul Seamann**

Paul Seamann presented a report from the National Association of Emergency Medical Technicians (NAEMT) on the role that EMS will play with the COVID-19 vaccinations once they are available. NAEMT did a survey of state EMS policies relating to EMS administering the vaccinations of which 45 states responded. The survey stated that 28 states allow EMS to vaccinate, an additional 10 states will allow it during an emergency and only 6 states do not currently allow agencies to vaccinate. Of those states that do allow it, 100% allow paramedics to vaccinate, 89% allow intermediate or advanced EMT or AEMT's to vaccinate and 11% allow EMT's to vaccinate. Additional training is required for all levels. 86% reported their EMS agencies are currently conducting COVID-19 testing. Those who have signed on to the possibility of wanting to do these vaccinations are the NAEMT, the National Association of State EMS Officials (NASEMCO), AAA, International Association of Firefighters (IAFF), fire chiefs, volunteer fire council etc.

Chairman Weller stated that Dr. James Kyle would like this to be addressed by MPCC for further action.

- **Interfacility C3IFT – Paul Seamann**

Tracy Gray, Chairman of the C3IFT Subcommittee is currently working with Dr. Jonathan Newman on the C3IFT program. Dr. Newman and Ms. Gray previously stated that they are ready to move forward with the January 1, 2021 implementation date. There are now 82 lead instructors that have taken the Train the Trainer C3IFT Program of which most went through Tracy's program. Comments and concerns should be directed through this committee.

- **AEMT process from the old ACT to the new AEMT with the West Virginia add on – Paul Seamann**

Pierpont Community & Technical College, Mountwest Community and Technical College and New River Community College have aligned their paramedic programs to teach the AEMT program first and then finish with the paramedic program, so it is one continuous program of which 39 are in process. Mountwest is still in their first year and have not tested; Pierpont was planning to test but the COVID-19 restrictions have hampered their plans. New River has completed their program; there are 20 sets of tests and 19 EMT's that are in the testing phase right now.

- **CCT – Paul Seamann**

Moving forward without issue

- **C2IFT – Paul Seamann**
Moving forward without issue
- **EMSAC 5- and 10-Year Plan – Paul Seamann, Torie Geis**
Meetings were held in January and March; and will resume on November 5, 2020 via zoom. Ms. Geis stated that the meetings were very productive, covering mission statement revisions, adjusting specific goals, outlining the major sections to elaborate on in addition to possibly adding a section relating to COVID-19. Chairman Weller to forward information to Ms. Geis relating to specific goals.
- **Management of EMS Stress – Paul Seamann**
Online zoom meetings have been held with Alisha Samples. The committee is moving forward. There have been discussions about the nursing restore program. This is so the nurses, physicians and pharmacists have a way to take a path other than straight disciplinary action while in recovery. The committee will be looking at this and will report back at the next meeting.
- **Active Threat – Dr. Peterson**
The curriculum is somewhat complete but there are some things that are missing. Dr. Peterson has contacted the suppliers of the initial course and is awaiting their response. This has been approved and it is now a matter of getting the updates, determining the instructors, and rolling it out. Dr. Peterson also stated that the new fellowship under the direction of Dr. P.S. Martin with WVU Medicine has a separate section for Tactical EMS with Dr. Kyle Hurst. Dr. Peterson also suggested a committee meeting to work this out.
- **PECC – Candace Facemyer, Paul Seamann**
A meeting was held on October 2, 2020 regarding the OEMS funded purchase of 1,155 ambulance child restraints (ACR) which was upgraded during the purchasing process to the emergency child restraints. These are 3 color-coded harnesses that adapt to children in three different categories – 4 to 18 lbs., 13 to 46 lbs., and 42 to 110 lbs. A small partial order has been delivered to the RETI Center. The balance of the order is supposed to be delivered by the end of the month. November 6, 2020 is the next meeting at which time a detailed training, utilization and distribution plan will be addressed.

Paul Seamann stated that the PECC is a national survey to drive pediatric training. One of the goals is for every employee of each agency to be trained on specific pediatric equipment and report if it is more than 2 years, every 2 years, every 1 year or more than once a year with applicable bonus points if it is less. Further discussion necessary.

Ms. Facemyer also stated that they are in the process of purchasing the new 2019 edition of the Brasleow Tape.

Vicki Hildreth announced that March Tucker and Johnna Hess are coordinating the hazmat guides (orange books).

Administration

- **Naloxone expiration date – Chairman Weller**
Chairman Weller stated that there have been questions regarding the naloxone expiration date under the grant. Robert Hansen, Executive Director, WVDHHR, Office of Drug Control Policy (ODCP) will address this in his presentation.
- **EMSAC 5- and 10-Year Plan**
Addressed under special interest.

Safety

- **EMS Safety Officer**
To be discussed at the next face to face meeting.
- **EMS Fatigue**
To be discussed at the next face to face meeting.

Policy/Procedure & Protocol

To be discussed under new business.

Training

- **MESS Committee**
Addressed under special interest.
- **AEMT Courses**
Addressed under special interest.
- **Instructor Certification Cards**
To be addressed under old business.

Medical Command

Torie Geis stated that the medical command centers are working together under the current circumstances to get things in line. Jeremy Higginbotham inquired about the data base RFP that was discussed prior to the COVID-19 situation. Dr. Michael Mills stated the RFP has gone out and is closed with two bids received as confirmed by Walt Ivey. This remains in process.

V. Special Reports

OEMS Report – Walt Ivey

- Due to COVID-19 the majority of the OEMS staff are still teleworking. Some OEMS staff are assisting with the health command operation center working on contract tracing and data entry.
- The office continues to update and remove outdated policies and documents from the OEMS website.
- ESO is working on providing prehospital certification endorsements to Continuum for the certification cards as approved by EMSAC.
- OEMS continues to process invoices from EMS agencies participating in COVID-19 testing. There are 16 EMS agencies actively involved with COVID-19 testing with 4 or 5 in the works.
- OEMS is working with ESO to develop auto generated emails to prehospital providers to remind them to update their Continuum profile information.
- OEMS is also working with ESO to develop auto generated emails to licensed EMS agencies to update agency personnel in Continuum in addition to other pertinent reminders.
- OEMS has implemented the certification card print project. This became effective September 30, 2020. Prehospital providers can now print their own certification cards eliminating the delays created by mailing. If the provider is affiliated with an agency the agency official representative and the squad training officer will now receive an email notifying them of the certification card available for printing thus eliminating hiring delays.
- OEMS is working with RETI and EMSAC to develop online continuing education courses via Blackboard for MCI awareness, HazMat awareness and BLS/ALS protocol updates.
- The Pearson VUE testing center for the RETI location in Flatwoods is nearing completion.

- OEMS received approval for a \$110,000 proposal from the Office of Community Health Systems. Funding will be provided for a one-time scholarship of \$1550.00 for 63 students to participate in an AEMT program.
- Additional CCT SETS applications for certification and recertification will be effective November 1, 2020 and will no longer require paper submission.
- OEMS continues to work to set up online payments with the WV treasurer's office so that agencies pay for their inspection fees online thus eliminating time delays and paperwork.
- 102 Zoll AED's have been ordered for schools that do not have at least 1 AED. This is to assist with the WV Heart Safe School Accreditation program.
- 213 bleeding control kits have been ordered to distribute to schools throughout the state. School personnel will be trained with the Stop the Bleed program.
- 1,155 emergency child restraints have been ordered.

Chairman Weller reported to Mr. Ivey that EMSAC has received multiple telephone calls and emails regarding licensure. Chairman Weller stated that people are having issues with their billing companies and insurance companies because of the way letters are written that are coming out of the Office of OEMS. Typically, if we are extending licensing, what has been done in the past is that individual letters are sent to agencies that state very clearly "this agency is considered certified until" The insurance companies are not accepting the current blanket letters. This is a big concern in the absence of a director or interim director. Chairman Weller questioned Mr. Ivey on how WVOEMS should proceed with this. Mr. Ivey stated that he is aware of the situation and has asked the OEMS staff to send out individual letters extending certification to each agency. In depth discussion followed. It is the general opinion of EMSAC that the letters should be specific to the agency and specifically state that the agency is certified until such time as the WVOEMS conducts an inspection to continue legal operations.

OEMS Medical Direction – Dr. Michael R. Mills

Dr. Mills stated that most of the physicians have been almost completely occupied with COVID-19 and the spread of the disease. In the background, and with the help of the education department, they have managed to get the AEMT program up and running, continue the ACT and C3IFT programs and continue to modify protocols that will be released in January 2021.

Air Medical Report (if available) – Clinton Burley

Nothing to report

VI. Old Business (Some topics addressed during committee reports)

1. EMSAC 5-year plan – update/report

Addressed under Special Interest report. Chairman Weller stated this was a legislative request due in September 2020, however, due to the COVID-19 situation progress has been slowly moving forward. EMSAC is diligently working to bring this back on track.

2. WVOEMS change of certification cards to endorsements - update

Chairman Weller shared the proposed updates to WVOEMS Certification Classifications. As previously stated, certification cards can now be printed by the recipient and or affiliated agency representative. The next phase of this update is to have the certification cards show endorsements for each classification. Paul Seamann is working with the developers to get this accomplished.

3. Recovery Coach Academy (RCA) Update

Addressed during committee reports. Alisha's group is moving forward under the direction of Senator Unger.

4. Blackboard Classes – Chairman Weller.

Chairman Weller stated that the completed programs for classes that are required annually will be loaded onto blackboard for classroom instruction. Participants will login to each class which is recorded and upon completion print a certificate of attendance. There will be time constraints and the participant will have to review the material. Chairman Weller has finished the criteria for the MCI and Hazmat for EMS programs. Chairman Weller also stated that once the protocols are completed for 2021, he will work on getting that completed as well.

5. Vehicle Markings

This was discussed during the last meeting (July 16, 2020). EMSAC previously adopted CAAS. At that time CAAS did have a vehicle marking section but has since done away with that standard referencing instead to FEMA or NFPA. What seems to be a common theme throughout the United States and Canada is that agencies and or states have developed their own set of marking standards for EMS vehicle markings. Along with that, there were questions and concerns relating to the vehicle inspection policy and how that was going to work.

The new (04/08/2020) proposed EMS Vehicle Requirements and Permitting policy was submitted to EMSAC for review. This new policy is relatively straight forward with Section C. Exterior Vehicle Markings pulled from the NFPA and FEMA standards matching for the most part what other states are doing. This policy has been cleaned up to match legislative rule throughout the entire policy. The next piece is the new Agency Vehicle Inspection form and a Spot Inspection form. In the policy, it defines spot inspection and what it entails as not to interrupt agency service.

Paul Seamann questioned Section E. This policy states that the only vehicle to have CCT markings must be manned by two (2) CCT personnel. With the advent of C2IFT they can be legally and appropriately staffed with one (1) adding that as we move forward this could become an issue without proper guidance. C2 can legally be run in a van or a C2 vehicle.

Connie Hall questioned Section A., No. 2 which states that EMS vehicles must be maintained in good repair. Ms. Hall stated the problem with this is the current WV state inspections adding not all fire departments have their vehicles inspected. The fire department agencies should be made aware of this policy. Moving on to Section C.1.b, which states the stripes or combination of stripes shall be a minimum of 6 inches (152 mm) in total vertical width. Ms. Hall stated the DOT requires tractor trailers to only have a 2-inch-wide striping questioning as to why we are limiting ourselves to 6 inches instead of 2 to 8 inches or between that. Chairman Weller stated that in FEMA and NFPA you must have 6 inches of striping recommending that at least one stripe be 4 inches in width because it is an emergency vehicle not a tractor trailer. FMEA and NFPA both state for good visibility you must have at least one 4-inch stripe and flag that in any way with additional stripes to give you a total of 6 inches. Paul Seamann suggested this be cleaned up to clarify a total of 6 inches. Ms. Hall also voiced concerns over Section C. e. which states any vertically hinged door shall have at least 60 inches of reflectable material affixed to the inside of the door. Chairman Weller stated that is to make sure oncoming traffic can see that your door is open. Ms. Hall asked for clarification on Section C. g. where chevrons are used. Chairman Weller stated that FEMA and NFPA do recommend that all chevrons be 6 inches which is the standard, however, the new policy states you can have alternating colors instead of a specific color. Ms. Hall had additional concerns over Section C. 3. which states that an EMS vehicle may only be lettered with the terms Paramedic, Advanced Life Support, Critical Care Transport or similar service level designation when licensed by WVOEMS for that level of service. Jerry Mullins stated that these are the options that you can use per legislative rule. For example, if your vehicle is a class D vehicle you can only operate that vehicle from that level and down. You cannot operate that vehicle above that level. A vehicle labeled as Paramedic can only run as a paramedic vehicle. Additionally, legislative rule mandates that the public access telephone number 911 must be displayed on the vehicle. Discussion followed. Walt Ivey to confirm possible grandfather status on trucks currently licensed and running with the old striping requirements or if they will be mandated to conform to the new standards.

Motion by Paul Seamann to approve clarified policy as per discussed recommendations and submit to MPCC for consideration and 30-day comment. Motion seconded by Connie Hall. Motion carried, none opposed.

6. SETS

The remainder of the SETS application – RN to Paramedic MCCN, RN to Paramedic Non-MCCN, MCCN Refresher, MCCN Refresher for short certification, RN to MCCN Initial, MCCC Initial has been added in. They will be effective and visible November 1, 2020.

7. National Registry of EMT

An issue has come up regarding National Registry setting their own policy regarding EMT certification without consulting the WVOEMS being if your certification is going to expire, you cannot submit your sets application within six-months expiration of your national registry certification which is in conflict with legislative rule. Chairman Weller held a meeting with National Registry, and they have agreed to correct this by December 31, 2020.

VII. New Business (Some topics previously addressed during committee reports)

1. EMS Agency Licensure – WVOEMS Licensing of EMS Agencies

The previous policy was very cumbersome and difficult to follow. The new policy has been cleaned up and submitted to EMSAC for review and discussion. Paul Seaman made a recommendation to edit General Licensing Provisions Number X (10) which states the Commissioner may extend, as necessary, an agency license for a period of no greater than six (6) months from the date of expiration to state if you are a grade A or B organization you would get a two year extension to allow for breathing room due to COVID-19. You can come back sooner but this is a recommendation for discussion since the six-month deadline is already upon us.

Chairman Weller stated that it is very important that we get these policies established in the process of 30-day comment. Chairman Weller made recommendation to approve this policy and push it through, whereas it could result in emergency relief to this policy by exempting Number X (10) which could be accomplished by order of the Commissioner. Chairman Weller opened this up for discussion. Walt Ivey stated that he would discuss this recommendation with Dr. Mills and Vicki Hildreth in addition to ensuring this would not create any legal issues. Dr. Mills stated this would require filing an emergency amendment to the legislative rule and moving it forward through the Governor's office sponsored by the Commissioner. Discussion followed.

Motion by Paul Seamann to approve this policy and forward to MPCC for consideration and 30-day comment period. Motion seconded by Brian Potter. Motion carried. None opposed.

Motion by Paul Seaman requesting the Commissioner's office to file an emergency amendment to the legislative rule to alleviate subsection X (10) on page three for EMS agency licensure extension and send out individual letters with expiration dates specified. Motion seconded by Connie Hall. Motion carried. None opposed.

2. Licensing of Fire Service Rapid Response Agencies

A memo from the WVOEMS that halted fire departments from operating as EMTs without having a license was rescinded on September 19, 2020. The original memo stated it was "a violation of §64CSR48 to carry or provide medication and/or treatment to a patient as is indicated in the WVOEMS Medical Treatment Protocols, unless the organization providing care is a licensed WVOEMS agency". The memo was sent to departments stating fire departments who are operating with EMTs, and basic life support treatment without obtaining a license must stop the services immediately. Chairman Weller stated that relief has been granted for a specific period, however, once the relief expires a policy should be in place enabling these agencies to move forward and obtain required licensing.

Section III (3) of the Fire Department Rapid Response Minimum Requirements states in Option 3 that a fire department certified by the WV State Fire Commission is not subject to licensure as described in this rule if it only provides basic life support services pursuant to an agreement with an EMS agency that addresses medical direction training, quality assurance and liability insurance. However, in the absence of such an agreement a certified fire department is not subject to licensure as described in this rule if it only provides basic life support services during the term of the State of Emergency declared by the Governor on March 16, 2020 related to the COVID-19 State of Emergency Declaration. Discussion followed.

Jerry Mullins stated that option III (3) may need to be revisited because it is in the emergency rule, however, once COVID-19 ends option III (3) will not be in the legislative rule. Deron Wilkes stated the emergency amendment as filed by the Cabinet Secretary states the affiliation agreement will remain after the State of Emergency Declaration has passed because it states that all certified fire departments providing rapid response services must either apply for licensure or enter into an affiliation agreement as described in subdivision 4.5.9 c. within 30-days of the termination of the COVID-19 State of Emergency Declaration. Mr. Wilkes believes the intent of the Secretary's office is for the affiliation to continue. Chairman Weller stated that a legal opinion may be necessary for the affiliation to continue if it is no longer in WV State Code and or Legislative Rule once the COVID-19 State of Emergency Declaration expires. This will have to be addressed by the legislature. In depth discussion continued.

Connie Hall made motion to table pending further information and clarification from legislature on the intent of the emergency rule and expectations they wish this policy to direct. Motion seconded by Marsha Knight. Motion carried. None opposed.

At the request of Jerry Mullins, Chairman Weller will query these issues for those fire personnel that also provide ALS support

3. EMS Vehicle Inspection

Discussed in part with vehicle markings.

4. WVOEMS Training Officer Program

There are several policies in place that reference the WVOEMS Training Officer Program. This program is pending. Current participants include Paul Seamann, Jamie Weller, Brian Potter, Jerry Mullins, Connie Hall and Brian Doughty.

The participants have produced a brief outline detailing the requirements to be a training officer:

- Minimum 4 years active EMS provider in West Virginia;
- WV EMS instructor 1 minimum;
- Approved by agency Chief/Director and application sent to and approved by WVOEMS;
- Certificate of completion of WVOEMS Training Officer In-Service (to be completed);
- AHA or ASHI CPR instructor certified;
- Be approved as a training officer for your agency in NREMT;

and the requirements of the training officer:

- Schedule and or teach WVOEMS recertification classes for their agency
- Schedule and or teach required alphabet courses (CPR/ ITLS, PEPP/ACLS or equivalent)
- Verify training via certificate, certification card or course roster
- Maintain verification of training for a minimum of two (2) NREMT recert cycles (current and previous)
- EMT training offices may schedule and verify classroom education for paramedic level courses but may not teach paramedic level courses or verify paramedic skills;
- WVOEMS utilizes alphabet courses to verify paramedic level skills and these courses at the advanced level must be taught by a paramedic level instructor or agency medical director;

- If a skills day is utilized by the agency the training officer or any EMT level Instructor or approved skills proctor may sign off on BLS level skills but a paramedic level instructor, approved paramedic level skills proctor, or a medical director must sign off on paramedic level skills;
- Approved the education for recertification in the NREMT system of NRMET recert and the SETS app also in the NREMT system for WVOEMS recert.

In depth discussion followed regarding procedures, specific requirements, and systems. Chairman Weller to take all comments back to the active participants for consideration and future action. No further action taken at this time.

5. EMS recertification Quick Reference Guide

Chairman Weller designed this Quick Reference Guide to give a better understanding of the certification process i.e. SETS and National Registry process. Chairman Weller stated that national certification and state certification each have two parts – education and application. You must show your education and process an application. Discussion followed.

Paul Seaman suggested spelling out the acronym SLO – State Licensed Only and clarifying such issues as 1) the state allows you to apply for recertification one year ahead; 2) National Registry allows you to apply for recertification six months ahead; 3) the state requires that you submit your application at least three months ahead - December for the March 31 deadline; and 4) there is no purpose for maintaining a state card if you are not agency affiliated. Jerry Mullins stated that if a person is not affiliated and they have kept up all requirements, they can still click the submit button on SETS and it will be submitted. Once submitted and verified by WVOEMS a card will be issued unless you are applying for credential recognition for a 4-year card.

6. Introduction of New EMSAC Members

Brian Potter – Mr. Potter represents the Department of Education and succeeds Edward Hicks. Brian Doughty – Mr. Doughty represents large emergency medical services providers and succeeds Glen Satterfield.

Both will be serving in the 2nd Congressional District.

VIII. Special Presentation - EMS reporting to QRT's – Robert Hansen, Executive Director, WVDHHR, Office of Drug Control Policy (ODCP)

Prior to Mr. Hanson's presentation, Chairman Weller inquired about the expiring Naloxone that was purchased and distributed to EMS agencies via grant funding. Mr. Hanson stated this was prior to his tenure with the Office of Drug Control Policy and that it was a one-time state funding that was appropriated in 2018. Options may be explored via the Bureau of Behavioral Health to restore or assist in restocking, however this decision has yet to be made

In December of 2018, Governor Jim Justice announced the formation of the Governor's Council on Substance Abuse Prevention and Treatment. The ODCP is tasked with providing administrative support and resources to the Council. The Governor's Council acts as an advisory committee to the ODCP in the State's ongoing efforts to combat substance use. In 2017, West Virginia Legislators passed HB 2620, the West Virginia Drug Control Policy Act, creating the Office of Drug Control Policy within the West Virginia Department of Health and Human Resources. The purpose of this policy is to improve drug overdose surveillance and help strengthen the response. The policy enacted the creation of a central repository that stores drug overdose information, making drug overdoses a notifiable condition and placing limits on opioid prescribing. This proposal builds upon West Virginia's efforts to access complete and timely data while providing support to state and community professionals to inform the scope of the epidemic and assist in targeting prevention and response efforts.

Mr. Hansen stated that he was appointed to this position in December 2018 by Governor Jim Justice. Mr. Hansen also serves as the director of Addiction Services for Marshall Health. Early in his career, Mr. Hansen served as Director of DHHR's Office of Behavioral Health Services. He

then became President and CEO of Pretera Center for Mental Health Services, Inc. of Huntington, West Virginia. The State of WV contracts for Mr. Hansen's services.

Quick Response Teams (QRT) are composed of emergency response personnel, law enforcement officers and a substance use treatment or recovery provider who contact individuals within 24-72 hours of their overdose to offer and assist those individuals with recovery support including referrals to treatment options. Mr. Hansen stated that part of his work in Huntington, WV was to help start the first QRT initiative in partnership with multiple agencies including Cabell County EMS. Thanks to their work this model has been spread to 30 counties in the state. During the last 21 months Mr. Hansen has been working with communities and state government entities to expand prevention, treatment, and recovery services through out the state. In 2018 we had approximately 140 residential treatment beds approved by Medicaid; today we have 956 residential treatment beds in the state with several more projects in the pipeline. Medication Assisted Treatment (MAT) which is an evidence-based practice has grown enormously throughout the state over time. In prevention, we have been able to bring many prevention initiatives together in our soon to be finalizing comprehensive prevention plan. This plan brings many of our initiatives all under one roof with one plan and one steering committee. One of my big initiative responsibilities was to develop a strategic plan which was submitted to the legislature in January of this year. It contains goals, strategies, and Key Performance Indicators (KPI). We are submitting progress reports every three months achieving our goals and objectives.

West Virginia leads the nation in opioid fatalities. The Quick Response Team is a concept we learned in Huntington, WV from Colerain, OH. It came about from an article titled "What's next after Naloxone". Mr. Hansen arranged for the people from Colerain, OH to come to Huntington, WV and meet with a group of 45 individuals representing EMS responders, representatives from the mayor's office, and a variety of agencies and interested citizens. This was the best way to communicate with those who have overdosed and survived by offering them treatment and support. Early data showed a dramatic reduction in suspected overdose calls the first year of operations. Due to this, the DHHR leadership as well as others wanted to expand Quick Response Teams to other communities. A chart listing the QRT programs presently active in the state in addition to a visual county map was presented to the council and guests. This chart also referenced additional data sources such as EMS, emergency room and hospital.

Implementing a QRT must be done in collaboration with governmental and community efforts. Funding for the QRT comes from multiple sources such as BPH, CDC, SAMHSA and or communities writing their own grants. The current COVID situation has placed OEMS and EMS agencies under enormous pressure, however, West Virginia is still in the middle of a Polysubstance dependence problem whereas the growth of amphetamines places even more challenges on our first responders. My goal is to move these initiatives forward through treatment programs and have EMS responders and agencies actively participate in these programs.

Positive discussion followed regarding EMS agency participation.

IX. Good of the Order
No comments to add

Adjournment

Motion to adjourn by Paul Seamann. Motion seconded by Marsha Knight. Motion carried. Meeting adjourned at 3:30 PM.

Next meeting January 21, 2021 – Meeting location to be announced.

Special Interest – 0900-0930

Administration – 0935-1005

Safety – 1010-1040

Policy/Procedure & Protocol – 1045-1115

Training – 1120-1150

Medical Command – 1155 -1225

EMSAC 1:00 PM

(Due to the COVID-19 situation committee meetings may be subject to change)