



## PREHOSPITAL OPERATIONS COMMITTEE

Meeting Report  
05 January 2017  
1000 hours  
EHSF Conference Room

### Attendance

<b>Present:</b>	Scott Buchle	Chair
	Eric Zaney	Adams County EMS Council
	Duane Nieves	Cumberland County EMS Council
	Doug Bitner	Franklin County EMS Council
	Darrell Fisher	Lancaster County EMS Council
	Kraig Nace	Perry County EMS Council
	Kelly Altland	Northeastern Area EMS
	Mark Berry	Ephrata Hospital ALS
	Ray Birkmire	JeffStat
	Chris Buchmoyer	Warwick EMS
	Eric Durham	Hanover Hospital – Medic 46
	Devin Flickinger	Holy Spirit EMS
	Nathan Harig	Cumberland Goodwill EMS
	Matthew Hauck	Silver Spring Ambulance
	Liz Heller	Fayetteville Fire Department EMS
	Suzette Kreider	Northwest EMS
	Laura Lash	Northeastern Area EMS
	Darryl Mitchell	Manheim Township EMS
	Jerry Schramm	Lancaster EMS
	Andrew Snaveley	Holy Spirit EMS
	Joshua Worth	Susquehanna Valley EMS
	Christopher Yohn	Lower Allen Township EMS
<b>Staff:</b>	Megan A. Ruby	Director of System Operations
	Michael J. Guerra	Resource Coordinator
	Timothy S. Melton	System Coordinator

## **CALL TO ORDER**

Mr. Buchle called the meeting to order at 1000 hours and asked for introductions.

## **OLD BUSINESS**

### *ePCR Project Update*

Ms. Ruby reported the EHSF is evaluating alternative funding sources for project sustainability. Based on the current funding and anticipated funding in the future, the EHSF will not be able to absorb all costs of the ePCR program. EMS agencies can anticipate the ePCR project to be fully funded by the EHSF until the end of FY 2017-18.

Ms. Ruby suggested a meeting with the county EMS council presidents in the future to further discuss. Ms. Ruby is waiting on ESO to provide reports of live EMS agencies. Once these reports are provided, Ms. Ruby will share with each county EMS council president.

### *Community Paramedicine/Mobile Integrated Healthcare (CP/MIH)*

Ms. Ruby announced the EHSF's committee will be hosting a CP/MIH Summit in April. This event will provide agencies within Pennsylvania to showcase their programs. More information will be provided once a date is set and a venue is determined.

### *BLS Blood Glucose Testing*

Ms. Ruby reminded EMS agency leadership while the DOH approved the use of glucometers by BLS, BLS providers cannot yet use the device. Guidance for the optional use of glucometers by BLS agencies will be incorporated into the 2017 Pennsylvania Statewide BLS Protocols. The EHSF is awaiting the release of the protocols and the educational course required for providers.

### *Intermediate ALS*

Ms. Ruby reported the EHSF position on Intermediate ALS (IALS) based on discussion at the EHSF Medical Advisory Committee (MAC) and the Regional Communications Committee (RCC) was provided to the EHSF Advisory Council and supported. The EHSF position on IALS is IALS is intended as a supplement for a BLS response, and it is not to be considered as a replacement to ALS. The county PSAPs are to dispatch according to the EMD process already approved within the EHSF region. If an ALS service that is also operating as an IALS service wishes to respond with AEMTs on an IALS ambulance or squad unit, the agency must respond based on the dispatch according to the respective county PSAP. This means if the dispatch is a class 1 dispatch, the EMS agency must respond with an ALS ambulance or squad. The EMS agency may not choose to send an IALS ambulance or squad in lieu of the ALS unit. Once the providers are on scene, if the provider's assessment shows the patient can be treated by an AEMT, then the agency may contact medical command to downgrade from ALS to IALS. In addition, if the agency is dispatched class 2 or 3 for a BLS response, the agency may choose to send an IALS ambulance or squad in lieu of BLS to offer a higher level of care than dispatched.

Ms. Ruby explained in communicating with the county PSAPs, the IALS unit is to be treated as a BLS unit. IALS may not be dispatched in lieu of ALS when ALS is warranted. The IALS agency can respond under their BLS call sign. Ms. Ruby explained the licensed IALS agency is responsible for working with surrounding EMS agencies regarding their response plan for the IALS level of response. A unit identifier is not to be used in lieu of working local relationships.

Ms. Ruby reported as EMS agencies express interest in IALS, the EHSF will contact the respective county PSAP and medical command facilities. If a BLS agency requests to upgrade to IALS, the EHSF will coordinate a meeting with the respective agency and the local ALS agency. Once an agency obtains IALS as the highest level of licensure, the IALS level of service must be available to respond 24-hours a day, seven days a week.

#### Coroner Interaction with EMS

Mr. Melton reported on his progress after meeting with county coroners throughout the EHSF region. He is learning their expectations of EMS. While most counties are not experiencing conflicts with the coroner, the EHSF believes a document to provide guidance with the coroners' support will mitigate problems in the future. Mr. Melton will continue to work through the guideline document and provide updates at the future Prehospital Operations Committee meetings.

#### PA Train

Ms. Ruby reported since the PA Train for online continuing education went live, there continue to be issues with user accounts, complete courses applying con-ed into the provider's EMS registry profile, and proof of completion of courses. The EHSF reports new issues to the Bureau of EMS as learned.

#### Proposal for Syringe Epinephrine Kits by EMTs

Ms. Ruby announced after the EHSF MAC motioned and accepted the proposal for syringe epinephrine kits by EMTs, the proposal was sent to the State MAC for review and approval. While at the State MAC, they did not discuss the proposal to date. Ms. Ruby will provide an update to the committee after a response is provided from the State MAC.

### **NEW BUSINESS**

#### Act 142 Legal Blood Draws

Ms. Ruby announced legislation passed permitted Paramedics to assist with legal blood draws. Ms. Ruby provided some clarification to the interpretation of the legislation. Ms. Ruby cautioned the EMS agencies of the term Paramedic rather than ALS provider. Ms. Ruby stated clarification will be needed to learn if this legislation includes PHRNs. Ms. Ruby also highlighted the EMS agency providing such services must continue to be available for emergency response calls. Discussion ensued by those present.

#### Licensure Updates

Mr. Guerra reported updates regarding licensure. Mr. Guerra provided a sample EMS agency licensure application and explained the Legal name and the Doing Business As name as filed in the Department of State. Mr. Guerra explained the licensure application requirements as expected by the Bureau of EMS.

#### Left Ventricular Assist Device Education

Ms. Ruby reported the EHSF Advisory Council discussed the prevalence of left ventricular assist devices within the patient populations resulting in EMS encounters during emergency and non-emergency incidents. The EHSF finds education on LVADs important and will work with partners to develop an approved EMS continuing education course for providers in the future.

Hospital Status

Mr. Buchle reported hospitals within the region are experiencing unusual high patient census. The concerns with patient volume led to emergency departments within the region going on divert. Mr. Buchle reported on the past patient acknowledgment forms in the event of increased patient waits at facilities on divert. Ms. Ruby provided the EHSF's position regarding divert status. Ms. Ruby provided the EHSF will monitor the hospital census.

**GENERAL DISCUSSION**

EMS Protocols 2017

Ms. Ruby announced the 2017 Statewide EMS protocols have not yet been released. The EHSF will distribute widely once received.

Website Redesign

Ms. Ruby announced the EHSF website is well under development. The EHSF is excited for its completion and future functionality. The hope is to showcase the website to this committee in the future.

2016-2017 Meeting Dates

Mr. Buchle reminded the committee of the upcoming meeting dates for FY 2016-17:  
09 March 2017 and 11 May 2017

**ADJOURNMENT**

Mr. Buchle adjourned the meeting at 1125 hours.

The next Prehospital Operations Committee meeting is scheduled for 09 March 2017 at 1000 hours.

Respectfully Submitted,

Megan A. Ruby  
Director of System Operations