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Mission, Vision, & Values

Mission

The core mission of the Pennsylvania Emergency Health Services Council is to serve as an independent advisory body to the Department of Health and all other appropriate agencies on matters pertaining to Emergency Medical Services. As an advocate for its diverse member organizations, the ultimate purpose of PEHSC is to foster improvements in the quality and delivery of emergency health services throughout the Commonwealth.

Vision

Pennsylvania will be a national leader in developing a unified system of high quality emergency medical services and other health services. In partnership with other organizations statewide that are involved with emergency services, PEHSC's role includes a heightened emphasis on advocacy and legislative liaison, outcomes research, system finances and development, public education, and resources to enhance organizational management.

Core Values

- **Service**
  - PEHSC will advocate for and work to advance Pennsylvania’s statewide EMS system.

- **Diversity**
  - PEHSC will be comprised of EMS agencies from across Pennsylvania and will include other organizations and stakeholders from within the emergency services and medical communities.

- **Objectivity**
  - PEHSC will generate unbiased, in-depth products that accurately reflect the needs of Pennsylvania and its EMS professionals.

- **Responsiveness**
  - PEHSC will be responsible, first and foremost, to the Council membership, and will strive to be at the forefront of new innovations.

- **Synergy**
  - PEHSC will bring together components of Pennsylvania’s EMS system to explore problems and produce comprehensive solutions.
History, Funding, & Function

History

PEHSC was incorporated in 1974. The Council’s Board of Directors were recognized as the official EMS advisory body to the Pennsylvania Department of Health through the Emergency Medical Services Act of 1985 and was reauthorized in Act 37 of 2009.

Funding

The Council receives funding through a contract with the Pennsylvania Department of Health. PEHSC does not charge any fees or dues to its member organizations.

Function

The Council’s cornerstone is the grassroots provider network, which meet to discuss statewide issues. These grassroots providers generate recommendations for consideration by the PEHSC’s Board of Directors. These recommendations ultimately lead to the delivery of formal recommendations to the Pennsylvania Department of Health. The volunteer, grassroots participation of pre-hospital providers throughout the Commonwealth gives EMS a voice in decision making at the state level. The volunteer involvement of providers in the PEHSC process has saved the Commonwealth thousands of dollars in personnel costs, as the PEHSC members often prepare statewide documents and/or educational programs to support recommendations. Interested providers may apply for membership to PEHSC Task Forces by completing an application. Task Forces are established either on a long-term or short-term basis and are focused on a specific issue or general topic area.
## Council Membership

The Council is an organization-based, non-profit corporation consisting of over 100 organizations representing every facet of EMS in Pennsylvania. Each organization appoints a representative and one alternate representative to serve on the Council. Our member organizations include representatives of ambulance services, hospitals, health care providers, and firefighters, among others.

<table>
<thead>
<tr>
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<td>Albert Einstein Med Center - EMS Division</td>
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<tr>
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<td>First Aid &amp; Safety Patrol of Lebanon</td>
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<td>Cetronia Ambulance Corps</td>
<td>Levittown-Fairless Hills Rescue Squad</td>
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<td>Chal-Brit Regional EMS / Chalfont EMS</td>
<td>LTS EMS Council</td>
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<td>Chester Co Dept of Emergency Services</td>
<td>Main Line Health</td>
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<td>Chester County EMS Council</td>
<td>Medic-CE</td>
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<td>City Of Allentown EMS</td>
<td>Medical Rescue Team South Authority</td>
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<td>City Of Pittsburgh - Bureau of EMS</td>
<td>Montgomery Co. Ambulance Association</td>
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<td>Columbia Emergency Medical Services</td>
<td>Montgomery County Regional EMS Office</td>
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<td>Community Life Team</td>
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<td>County Of Schuylkill - Office of Public Safety</td>
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<td>National Collegiate EMS Foundation</td>
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<td>National Ski Patrol</td>
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<td>Eastern Lebanon County School District (ELCO)</td>
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<td>Emergency Health Services Federation, Inc.</td>
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<td>Emergency Medical Services of Northeastern PA</td>
<td>Penn State Milton S. Hershey Medical Center</td>
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<td>Emergency Nurses Association, PA Chapter</td>
<td>Pennsylvania ACEP</td>
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<tr>
<td>EMMCO East</td>
<td>Pennsylvania Athletic Trainers Society</td>
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<td></td>
<td>Pennsylvania College of Technology</td>
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Pennsylvania Committee on Trauma - ACS
Pennsylvania Fire and Emergency Services Institute
Pennsylvania Medical Society
Pennsylvania Neurosurgical Society
Pennsylvania Orthopedic Society
Pennsylvania Osteopathic Medical Association
Pennsylvania Professional Fire Fighters Association
Pennsylvania Psychological Association
Pennsylvania Search & Rescue Council
Pennsylvania Society of Internal Medicine
Pennsylvania Society of Physician Assistants
Pennsylvania State Nurses Association
The Pennsylvania State University
Pennsylvania Trauma Systems Foundation
Philadelphia Fire Fighters Union Local 22
Philadelphia Paramedic Association
Philadelphia Regional EMS Council
Philadelphia University
Providence Township Ambulance
Public Safety Training Associates
Tower (Reading) Health System
Rehabilitation & Community Providers Assn.
Second Alarmers Assn. & Rescue Squad of MontCo
Seneca Area Emergency Services
Seven Mountains EMS Council
Southern Alleghenies EMS Council
Southern Chester County EMS
Southwest Ambulance Alliance
Special Events EMS
St Luke’s University Health Network
Star Career Academy
State Firemen’s Association of PA
Suburban EMS
Susquehanna Health System
Technical College High School of Brandywine
Temple Health System Transport Team
Tioga County EMS Council
Topton A L Community Ambulance Service
UPMC Hamot
UPMC Susquehanna
UPMC Presbyterian
Uwchlan Ambulance Corps
Valley Ambulance Authority
VFIS/Education and Training Services
VMSC of Lower Merion and Narberth
Washington County EMS Council
Wellspan York Hospital
Western Berks EMS
West Grove Fire Company
West Penn Hospital
Westmoreland County EMS Council
Williamsport Area Ambulance
YTI Career Institute
Affiliate Council Membership

This group is comprised of over 140 organizations or individuals who are members of the Council without voting privileges.

7th Ward Civic Association Ambulance Service
Acute Care Medical Transports Inc.
Adams Regional Emergency Medical Services
American Health Medical Transport
American Life Ambulance
American Patient Transport Systems
Am Serv Ltd Dusan Community Ambulance AREA Services
Auburn Fire Company Ambulance Service
Beavertown Rescue Hose Co. Ambulance
Berwick Area Ambulance Association
Blacklick Valley Foundation Ambulance Service
Blakely Borough Community Ambulance Assn.
Borough of Emmaus Ambulance
Brighton Township VFD
Brownsville Ambulance Service
Buffalo Township Emergency Medical Services
Central Medical Ambulance Service
Centre County Ambulance Association
Chappewa Township Volunteer Fire Department
Christiana Community Ambulance Association
Citizens Volunteer Fire Company EMS Division
Clairton Volunteer Fire Department
Clarion Hospital EMS
Community Ambulance Association Ambler
Community Ambulance Service
Community College of Beaver County
Conemaugh Township EMS
Corry Ambulance Service
Cranberry Township EMS
Cresson Amb. dba Cambria Alliance EMS
Delaware County Community College
Delaware County Memorial Hospital EMS
Dover Area Ambulance Club
Duncannon EMS
East Brandywine Fire Company QRS
Eastern Area Prehospital Service
Eastern Regional EMS
Easton Emergency Squad
Lack Tuscarora EMS

Ebensburg Area Ambulance Association
Elizabeth Township Area EMS
Elysburg Fire Department EMS
EmergyCare
Em-Star Ambulance Service
Event Medical Staffing Solutions
Factoryville Fire Co. Ambulance
Fame Emergency Medical Services
Fayette Township EMS
Fayetteville Volunteer Fire Department
Fellows Club Volunteer Ambulance Service
Forest Hills Area Ambulance Association
Gilbertsville Area Community Ambulance Service
Girardville Ambulance Service
Goshen Fire Company
Greater Pittston Ambulance & Rescue Assn.
Greater Valley EMS
Guardian Angel Ambulance Service
Halifax Area Ambulance & Rescue Assn.
Hamburg Emergency Medical Services
Hamlin Fire & Rescue Co.
Harford Volunteer Fire Company EMS
Harmony EMS
Hastings Area Ambulance
Heart to Heart Ambulance Service
Haverford Township Paramedic Department
Health Ride Plus
Health Trans Ambulance
Hollidaysburg American Legion Ambulance Svs.
Honey Brook Ambulance Association
Hose Co #6 Kittanning Ambulance Service
Irvona Volunteer Ambulance Service
Jacobus Lions Ambulance Club
Jefferson Hills Area Ambulance Association
Jessup Hose Co No 2 Ambulance Association
Karthaus Ambulance Service
Kecksburg VFD Rescue Squad
Kutztown Area Transport Service, Inc.
Lackawanna/Wayne Ambulance
<table>
<thead>
<tr>
<th>Organization Name</th>
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<tbody>
<tr>
<td>Lancaster EMSA</td>
</tr>
<tr>
<td>Lawn Fire Co</td>
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<tr>
<td>Lehigh Carbon Community College</td>
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<td>Lehighton Ambulance Association, Inc.</td>
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<tr>
<td>Liverpool Emergency Medical Services</td>
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<tr>
<td>Longwood Fire Company</td>
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<tr>
<td>Lower Kiski Ambulance Service</td>
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<td>Loyalsock VFC #1 EMS Division</td>
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<tr>
<td>Macungie Ambulance Corps</td>
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<td>Mastersonville Fire Company QRS</td>
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<td>McCandless Franklin Park Ambulance Authority</td>
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<tr>
<td>McConnellsburg Fire Department</td>
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<td>Meadville Area Ambulance Service LLC</td>
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<td>Med-Van Transport</td>
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<td>Memorial Hospital EMS</td>
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<tr>
<td>Meshoppen Fire Company</td>
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<td>Midway Volunteer Fire Company</td>
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<td>Mildred Ambulance Association</td>
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<td>Milmont Fire Co. EMS</td>
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<tr>
<td>Mount Nittany Medical Center - EMS</td>
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<td>Mountain Top Fire Company</td>
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<td>Muncy Township VFC Ambulance</td>
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<td>Nazareth Ambulance Corps.</td>
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<td>New Holland Ambulance Association</td>
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<td>Newberry Township Fire &amp; EMS</td>
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<tr>
<td>Northampton Community College</td>
</tr>
<tr>
<td>Northampton Regional EMS</td>
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<tr>
<td>Norwood Fire Co #1 EMS</td>
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<tr>
<td>NovaCare Ambulance</td>
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<td>Orwigsburg Ambulance</td>
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<td>PAR Medical Consultant, LLC</td>
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<td>Penn State Hershey Life Lion EMS</td>
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<td>Pennsylvania College of Technology</td>
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<tr>
<td>Pennsylvania Office of Rural Health</td>
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<td>Pike County Advanced Life Support</td>
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<td>Pleasant Volunteer Fire Department</td>
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<td>Point-Pleasant-Plumsteadville EMS</td>
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<td>Regional EMS &amp; Critical Care</td>
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<td>Robinson Emergency Medical Service</td>
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<td>Rostraver/West Newton Emergency Services</td>
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<td>Scott Township Emergency Medical Services</td>
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<td>Shawnee Valley Ambulance Service</td>
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<td>South Central Emergency Medical Services</td>
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<td>Southern Berks Regional EMS</td>
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<td>Springfield Hospital EMS</td>
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<td>Spring Grove Area Ambulance Club</td>
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<td>St. Mary EMS</td>
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<td>Superior Ambulance Service</td>
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<td>Trans-Med Ambulance, Inc.</td>
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<td>Trappe Fire Company No. 1 Ambulance</td>
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<td>Tri-Community South EMS</td>
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<td>United Hook &amp; Ladder Co #33</td>
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<td>UPMC Passavant</td>
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<td>Valley Community Ambulance</td>
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<td>Veterans Memorial Ambulance</td>
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<td>Wakefield Ambulance Association</td>
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<td>Weirton Area Ambulance &amp; Rescue Squad</td>
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<td>Western Alliance Emergency Services</td>
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<td>Western Berks Ambulance Association</td>
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<td>Westmoreland County Community College</td>
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<td>White Mills Fire Department Community College</td>
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<tr>
<td>White Rose Ambulance</td>
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<tr>
<td>York Regional Emergency Medical Services</td>
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</tbody>
</table>
Board of Directors

Each year, the Council elects a Board of Directors comprised of 30 of the organizations represented by the Council. The Board of Directors serves as the official advisory body to the Pennsylvania Department of Health on EMS issues.

Allegheny County EMS Council
Allegheny General Hospital
American Heart Association
Center for Emergency Medicine of Western PA
Cetronia Ambulance Corps
Cumberland Goodwill EMS
EMSI
Emergency Nurses Association, PA Chapter
First Aid & Safety Patrol of Lebanon
Good Fellowship Ambulance-EMS Training Institute
Harrisburg Area Community College
Highmark
Horsham Fire Co. No 1
Lehigh Valley Health Network
Mainline Health
Non-Profit Emergency Services of Beaver Co.
Northwest EMS
Penn State Milton S. Hershey Medical Center
Pennsylvania ACEP
Pennsylvania Fire & Emergency Services Institute
The Pennsylvania State University
Pennsylvania Trauma Systems Foundation
Philadelphia University
Reading Health System
Second Alarmers & Rescue Squad of Montgomery County
Seven Mountains EMS Council
UPMC Susquehanna
VFIS/Education and Training Services
Wellspan York Hospital
Williamsport Area Ambulance Service Co-op

Douglas Garretson
David Lindell
David Greineder
Walt Stoy Ph.D.
Christopher Peischl
Nathan Harig
Thomas McElree, Esq.
Kay Bleecher, RN
Anthony Deaven
Kimberly Holman, RN
Robert Bernini
Robert McCaughan
Duane Spencer
Joel Calarco
Christopher Knaff
Steve Bailey
Scott Kingsboro
Steven Meador, MD
Bryan Wexler
Donald Konkle
J. David Jones
Juliet Altenburg, RN
Jean Bail, RN, Ed.D.
Anthony Martin
Ken Davidson
Patrick Shoop
Steven Bixby
William Niehenke
Steven Schirk, MD
Gregory Frailey, DO
Executive Leadership & Council Staff

Executive Committee

The Board is responsible to elect the Council officers, which include President, Vice President, Treasurer, and Secretary. The officers, two At-Large Board Members, and the Immediate Past President comprise the Council’s Executive Committee.

J. David Jones  
President
Anthony Deaven  
Vice President
Ronald Roth, MD  
Treasurer
Gregory Frailey, DO  
Secretary
Douglas Garretson  
Member-at-Large
Robert McCaughan
J.R. Henry  
Immediate Past President

Council Staff

The Council employs a staff of five, which includes a full time Executive Director. The professional staff members have extensive experience as prehospital providers, administrators and educators. The staff is responsible for coordinating and administering the activities of the Council and its committees/task forces, as well as providing technical expertise to Pennsylvania’s EMS community.

Janette Swade  
Executive Director
Donald “Butch” Potter  
Sr. EMS Systems Specialist
Andrew Snavely  
EMS Systems Specialist
Angela Poorman  
EMSC Program Director
Patricia Morrison  
Office Manager

Executive Offices

PEHSC’s executive office location:  
600 Wilson Lane  
Suite 101  
Mechanicsburg, PA 17055

The Council maintains a toll-free telephone number in Pennsylvania, 1-800-243-2EMS, to respond to hundreds of inquiries each year for information.
# Financial Information

<table>
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<tr>
<th>FY 15-16 Financial Information</th>
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<td>EMSC Contract</td>
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<tr>
<td>Income</td>
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<td>Expense</td>
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<td>EMSC Carryover</td>
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<td>Expense</td>
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*Fiscal Year 2017-2018 amounts listed are pending year-end audit. Complete financial audits are available upon request to the Council.
Official Recommendations to the PA Department of Health

The following recommendations were approved by the PEHSC Board of Directors:

**December 6, 2017 Board Meeting**

VTR 1217-01 EMT Epinephrine Administration Alternative

**Recommendation:** The Pennsylvania Department of Health should amend the EMT scope of practice, statewide BLS protocols and applicable documents to permit EMTs who have completed additional education and are credentialed by the EMS agency medical director to administer epinephrine (1mg/ml concentration) using a syringe and vial/ampule as an alternative to an auto-injector device in cases of suspected anaphylaxis.

**Department of Health Response:** The Department requests that VTR 1217-01 be modified. After reviewing the Department believes that while the PEHSC Medical Advisory Committee (MAC) has provided information on the King County Washington program “Check & Inject” and communications with New York and West Virginia related to their syringe-based epinephrine administration programs, the Department would like to study this alternative through a pilot.

Therefore, the Department requests PEHSC coordinate the development of an educational program and pilot a syringe-based epinephrine administration program. The council did request support from the regional EMS council who offered this recommendation to the MAC to assist in the preparation of the pilot program and its associated education.

VTR 1217-02 Addition of Ibuprofen and Ketorolac to the list of Approved and Required Medications for EMS Agencies and Providers

**Recommendation:** The Pennsylvania Department of Health should amend the list of Approved and Required Medications for EMS Agencies and Providers to include Ibuprofen and Ketorolac for EMS providers at or above the paramedic level.
March 14, 2018 Board Meeting

VTR 0318-01 Best Practice Recommendation – Commercial Tourniquets

Recommendation: The Pennsylvania Department of Health should issue a best-practice recommendation for EMS agencies to carry at least six (6) commercial tourniquets on every licensed vehicle.

Department of Health Response: The Department issued an Informational Bulletin in response to this recommendation. The Information Bulletin was released on July 10, 2018 and supported the intent of the recommendation.

June 13, 2018 Board Meeting

VTR 0618-01 Revisions to Voluntary BLS Epinephrine Auto Injector Program

Recommendation: The Department of Health revise the program standards for the voluntary BLS epinephrine auto injector program as follows:

1. Reduce the number of required adult (0.3 mg/0.3 ml 1:1000 solution) and pediatric (.15 mg/.15 ml 1:000 solution) auto injector devices on a vehicle to one (1) each.
2. Only require primary [staffed] vehicles to be equipped with the auto injector devices as recommended herein. Equipping reserve or out-of-service units should be at the discretion of the agency medical director.

Department of Health Response: The Department agrees with both components of this recommendation. An EMS information bulletin will be developed and shared with EMS Agencies and regional councils in the coming days.

VTR 0618-02 Medical Command Education – Patient Refusals Following Naloxone Administration

Recommendation: The Department of Health, working through the regional EMS councils, should provide refresher education for medical command physicians related to ordering the transport of a patient who is refusing EMS care/transport following naloxone administration.
Department of Health Response: In reviewing the VTR, this appears to be an isolated situation. The Department will evaluate the feasibility and need for statewide training in the immediate future. However, if PEHSC is aware of specific instances of the occurring, the Department feel that direct follow up on the specific cases by the Commonwealth EMS Medical Director would be more effective in mitigating the issue, than general information.

VTR 0618-03 Use of Agency-Developed Treatment Protocols

Recommendation: The Department of Health should:

1. Based on the authority granted by the EMS regulations related to exceptions, issue a blanket exception permitting the use of agency developed, Department approved treatment protocols by licensed ground critical care ambulance agencies.

2. Issue a clarification on the use of agency developed, Department approved protocols for air ambulance agencies when a flight team is required to utilize a ground ambulance for transport due to adverse weather conditions, mechanical failure or other unforeseen circumstances.

Department of Health Response – Part 1: At this time Department feels that the Critical Care Protocols published by the Department are the best mechanism to ensure safe, consistent and uniform quality care in the critical care environment by ground critical care providers. If the Medical Advisory Committee and/or Critical Care Transport Task Force feels that there are gaps in the Statewide Critical Care protocols, the Department encourages them to submit joint recommendations to the Commonwealth EMS Medical Director for review.

Department of Health Response – Part 2: The Department agrees with this recommendation and is happy to issue the requested clarification through an EMS Information Bulletin in the coming days.
Council Activities

Emergency Medical Services for Children

Through the contract with the Department of Health, the Council employs a full-time EMS for Children (EMSC) Program Manager to carry out the goals of the EMS for Children grant, which is awarded by the Health Resources and Services Administration (HRSA). Activities of the EMSC program are guided by federal performance measures, which evaluate a state’s ability to provide emergency medical care to children in the following areas:

- Availability of online and offline pediatric-specific medical direction,
- Presence of essential pediatric equipment and supplies on all EMS units
- Existence of a standardized system to recognize hospitals capable of treating pediatrics
- Existence of inter-facility transfer guidelines and agreements to ensure appropriate transfer of pediatric patients between facilities
- Requirements for pediatric education for certification renewal of EMS providers
- Establishment of EMSC permanence within the state through the existence of an EMSC Advisory Committee, a full-time EMSC Program Director, and EMSC priorities in regulation

Additionally, in 2017 three new performance measures were added to the list above. The previously mentioned measures are the hospital and performance based measures, while the following are the three new prehospital EMS systems-based measures. They are as follows:

- The submission of National Emergency Medical Services Information System (NEMSIS) compliant version 3.x data
- The establishment of a Pediatric Emergency Care Coordinator (PECC) designation over EMS agencies
- The establishment of a process which would require EMS providers to physically demonstrate the correct use of pediatric specific equipment

This fiscal year, the EMSC Advisory Committee met quarterly, as required by the grant, to conduct projects with a goal of achieving federal performance measures and improving care provided to pediatrics in emergency situations across the Commonwealth.
In addition, Pennsylvania remained represented on several national committees, including the Pediatric Emergency Care Council (PEC) of the National Association of State EMS Officials (NASEMSO) and the National Safe Transport committee. In addition to working toward successful completion of the federal performance measures outlined above, the EMSC Program Manager remains active in various committees and councils to ensure that EMSC priorities are considered in policy development by numerous organizations, and has partnered with several organizations and regional offices on a variety of projects.

Throughout the year, the EMSC Program coordinated multiple events and projects. Highlights from some of these programs include the following:

- The Pennsylvania EMS for Children website (www.paemsc.org) is still active and currently being updated to provide more resources and toolkits available to EMS providers, schools and, hospitals. In addition to maintaining and updating the existing website, the EMSC program also utilized a social media platform this year with the establishment of a Facebook page. This has been a successful avenue to distribute information and engage more providers and families within the commonwealth, as well as other EMS for Children programs.

- The Pediatric Voluntary Recognition Program (PVRP), a program developed for agencies who wish to go above and beyond licensure requirements to provide improved care for our pediatric population, and helps to meet the goals of the federally established performance measures, continues to accept applications and enroll services in the program. Through this last year the EMSC program has continued to work towards updating all participating agencies on the 2017 program recommendations (P.A.T.C.H. and updated equipment list). We have had multiple services enter the program as well as many agencies have upgraded their participation level. Currently, the PVRP has 208 participating agencies, with every EMS region being represented. The breakdown is as follows:

<table>
<thead>
<tr>
<th>Levels of Participation</th>
<th>Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic:</td>
<td>21</td>
</tr>
<tr>
<td>Intermediate:</td>
<td>39</td>
</tr>
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<td>Advanced:</td>
<td>21</td>
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<tr>
<td>Master:</td>
<td>64</td>
</tr>
<tr>
<td>Expert:</td>
<td>63</td>
</tr>
</tbody>
</table>
Participation by EMS Regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Agencies</th>
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<tbody>
<tr>
<td>EMMCO West</td>
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<tr>
<td>EMS West</td>
<td>60</td>
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<tr>
<td>Southern Alleghenies</td>
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<tr>
<td>Seven Mountains</td>
<td>18</td>
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<tr>
<td>LTS</td>
<td>05</td>
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<tr>
<td>EHS Federation</td>
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<tr>
<td>Northeastern</td>
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<tr>
<td>Eastern</td>
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<tr>
<td>Bucks</td>
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<tr>
<td>Chester</td>
<td>06</td>
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<tr>
<td>Delaware</td>
<td>04</td>
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<tr>
<td>Philadelphia</td>
<td>02</td>
</tr>
</tbody>
</table>

- The EMSC program provided financial and technical support to the annual EMS conference, regional council offices and, individual EMS agencies for pediatric-specific education and equipment. This included the reimbursement for education and the purchase of pediatric transport devices meeting the requirements of the 2017 equipment update.

- The program continues to seek educators to provide for web based education, and this year we worked with the PA TRAIN coordinator to get all of our previously recorded webinars moved from our website where they were housed and accessed to the TRAIN system, making them more accessible to providers across the commonwealth. We saw a significant increase (200% in first month) in the number of EMS providers receiving CEU’s from the courses on this platform opposed to when they were accessed on our site and ran on a 6-week class schedule. Now, providers can receive their continuing education credits immediately upon completion of the course.

- In the last fiscal year the EMSC program conducted a randomized survey on EMS agencies as part of a nationwide assessment that evaluated two of the EMSC program objectives; Pediatric Emergency Care Coordinators (PECC) and performance assessment with pediatric-specific equipment. Because Pennsylvania was in the first cohort of this survey we also had the opportunity to participate in focused follow up interviews as part of a qualitative research study being conducted by the EMSC Innovation and Improvement Center (EIIC) and in the process of publishing.
• One of the biggest projects of the last year was the production of the Safe Transportation of Children in Ambulances 2-part module and subsequent in person workshop. EMSC worked with a professional production company to coordinate the filming of a Safe Transport workshop with the City of Pittsburgh EMS. The video was then produced into a two-part online module which providers can access at the PA TRAIN site. The video became available in Feb/Mar this year and has had over 200 providers complete the course. Additionally, we have provided several in person workshops at regional conferences and, EMS agencies on request and have brought the training into 6 regions so far. We have also had requests from hospitals who want to host this workshop.

• The carry over budget from last fiscal year was used for the following projects:
  - Funding for the Safe Transport video
  - The purchase of 126 Pedi-Mate Plus devices
  - The reimbursement to agencies for device purchases up to $300/each
  - Reimbursement to agencies and regions (upon request) for pediatric specific education
  - The purchase of 1,000 Pediatric weight conversion cards for distribution
  - Editing & Printing of the Emergency Guide for School Nurses handbook

• During this year the EMS for Children program saw the end of one grant cycle and the beginning of a new one. With an additional ‘lapse’ period from March 01, 2018 – March 31, 2018 where no funding was available, carry-over monies were used to avoid a gap in work. The funding cycle for the EMSC grant has changed from March 01 – February 28 (29) to now it is April 01 – March 31 each year. During this fiscal year the new grant application for the 2018 – 2022 funding years were completed, including project work, timeline and, budget. This process took about 6 weeks to complete the 80 page proposal and our application was accepted and approved. We received Notice of Award at partial funding (41%) until June 06, 2018 when we received notice of the full funded award.
Critical Care Transport Task Force

During the year, the Task Force:

1. Recommended that licensed ground critical care transport agencies be permitted to develop and implement, Department of Health approved, agency-level treatment protocols. This recommendation is consistent with that which, through regulation, is already in place for air ambulance agencies.

2. The task force continues to monitor the implementation of expanded scope of practice for paramedics working on air or ground ambulances who have completed additional Department-approved education. They also provide advice for members who are working to implement a ground critical care transport program. Currently, thirteen (14) agencies have been licensed by the Department at the critical ground transport level.

3. The task force collaborated with PACEP and the PEHSC Medical Advisory Committee to develop an inter-facility transport resource guideline. The information contained in the document will improve a transferring physician’s ability to match a patient’s care needs with available EMS transport resources.

4. The task force discuss and strategize on the issue of a lack of critical care transport resources in some parts of the state and its impact on the timely transfer of patients with time-sensitive illness or injury. In addition to the sixteen (16) licensed air ambulance agencies, some of which operate from multiple bases, there is currently a limited number of agencies licensed at the critical care ground level. The task force is open to any ideas that could provide relief in areas of the state lacking CCT resources Any potential solutions must balance the medical needs of the patient with safety during transport, while meeting the responsibility for appropriate inter-facility transport under federal law.
**Education Task Force**

PEHSC staff met with the education task force co-chairs and Department staff to discuss issues associated with the National Registry of EMTs. Topics discussed include first time EMT exam pass rate for PA; number of providers (ALS and BLS) who maintain their NREMT after initiation recognition; psychomotor competency test changes. There was also a general discussion on the cost v. benefit of the NREMT process to the state, providers, EMS agencies and the patient. Since no data for a cost/benefit analysis of the impact to National Registry exams in PA was available to the group, the group opted to suspend further discussions until a new director for BEMS was selected.

**Special Operations Task Force**

1. The special operations workgroup awaits the Department of Health’s review and response to the FY 16-17 recommendations for Phase I, which establishes standards for both tactical and wilderness EMS. The task force looks forward to discussing both recommendations with the Department, in an effort to move the project forward towards implementation. The rules and regulations for Pennsylvania’s EMS Act provide for an expanded scope of practice for providers who have completed Department approved education in these areas of special operations.

2. Upon acceptance of the Phase I recommendations by the Department, the workgroup will reconvene to begin work on Phase II recommendations, which includes statewide treatment protocols to be used during tactical and/or wilderness operations.

**State Plan**

The State Plan from 2010, as developed by the Pennsylvania Department of Health, with assistance from the PEHSC provider network, was not reviewed or revised during the fiscal year.
Medical Advisory Committee

During the year, the Medical Advisory Committee (MAC) addressed and/or discussed the following issues:

1. Recommended the Department amend the EMT scope of practice, BLS protocols and any other associated documents to permit, at the discretion of the EMS agency medical director, EMT administration of epinephrine using a 1cc syringe and a vial/ampule containing no more than 1mg of 1:1000 epinephrine. Agencies adopting this alternative strategy should carry a minimum of (2) 1cc syringes and (2) 1mg vial/ampules of 1:1000 epinephrine; these kits may be obtained commercially or assembled at the agency level. Following the completion of a standardized education program, the agency medical director will conduct psychomotor skill training and verification.

2. Recommended the Department add ibuprofen and ketorolac to the list of approved medications for ambulance services for administration by providers at or above the paramedic level.

3. Recommended the Department develop a best practice recommendation calling for all EMS vehicles to carry at least six (6) commercial tourniquets that include both windless and elastic rubber band types. The EMS agency medical director will determine the exact number and types of tourniquets. The BEMS and regional councils are encouraged to identify, to the extent possible, funding for the purchase of these devices.

4. Recommended the Department revise all previously recommended non-opioid pain management options proposed in draft statewide protocol 7003 to current statewide protocol for extremity trauma (6003).

5. The committee had a presentation by the PA Cares Project Coordinator on 2017 Ustein data related to cardiac arrest survivability.

6. The committee received a briefing on education in the Montgomery County area related to emergency canine care and efforts in the legislature to formally permit trained EMS providers, with the appropriate training, to administer emergency care to a working canine in the absence of a veterinarian. The ability to provide emergency canine care remains an open question with the special operations workgroup in both tactical and wilderness disciplines.
7. Recommended the Department approve changes to the Sedation Assisted Intubation Project being conducted by the Montgomery County EMS Council.

8. Recommended the Department approve changes to permit UPMC to expand the STAMP [tranexamic acid] research project to include both air and ground ALS units.

9. Recommended to the Commonwealth EMS Medical Director that ketamine, in a sub-dissociative dose, be included in the 2019 statewide protocol update as a non-opioid pain management option.

10. Recommended to the Commonwealth EMS Medical Director that he consider revising the current DOH guidance on extension of drug expiration dates to clarify that an agency can request a waiver beyond 6 months in situations where the FDA has extended the expiration date of a medication due to shortages.

11. Recommended to the Department that the required number of epinephrine auto injectors carried by those units participating in the voluntary program be reduced to (1) adult and (1) peds. Furthermore, it was recommended that only the BLS agency’s primary vehicle be required to carry the auto injectors to comply with the voluntary program’s requirements. Carrying of additional auto injectors would be at the discretion of the EMS agency medical director.

12. Based on concerns expressed by the provider community, the committee recommended the Department work with the regional EMS councils to provide guidance and education to medical command physicians related to compelling a patient to accept EMS treatment/transport using physical force following naloxone administration.

13. Collaborated with PACEP and the PEHSC Critical Care Transport Task Force to author a document on interfacility transport resources.

14. Continues to work with the multi-disciplinary workgroup to discuss and provide recommendations related to the shortage of ground critical care transport agencies in some areas of the state and its negative impact on a hospital’s ability to transfer a patient with a time-sensitive illness/injury to a higher level of care.

15. The committee receives regular updates from the Pennsylvania Trauma Systems Foundation, EMS for Children Project and PEHSC Critical Care Transport Task Force on initiatives and projects affecting prehospital care.
Additional Projects

Trauma Patient Hand off Communications
The Council is working in conjunction with the PA Trauma Systems Foundation to develop a standardized communications tool to assist providers with transferring care of a trauma patient to the trauma team. Although there are many tools available, the most common is “DMIST,” which stands for Demographics, Mechanism, Injuries, [Vital] Signs and Treatment. The goal is to streamline the transfer of care procedure and ensure the trauma team receives essential information early in the transfer process. This project will continue into 2018-2019.

Healthcare Coalitions (HCC) - PEHSC staff reviewed concerns with the level of participation of EMS providers in the HCC. Several informal meetings were held and it was decided to engage a steering committee in FY 18-19 to improve EMS level participation with the HCC in PA.

EMS Week – The annual EMS Week Resolutions and Gubernatorial Proclamations were requested and received.

LODD Committee
Staff had held an initial meeting (March 13, 2018) with interested parties to discuss re-establishing our LODD Committee to focus on:
- Concerns regarding the applicability of the death benefits
- Concerns regarding the paperwork and processing requirements for a LODD
- Review the language of Act 101 & 51 as it applies to EMS.

The committee will re-convene in FY 18-19

EMSOF-Rehab Workgroup – PEHSC continued to communicate with the Rehabilitation and Community Providers Association (a Council organization) and associated representatives of related agencies to address the concerns with the EMSOF decline. The working group continued to correspond with the House and Senate members to discuss legislation to increase the fines to support the fund.

Corporate Committees – In accordance with PEHSC bylaws, the following committees were established and functioning during the fiscal year: Membership, Nominating, and the Executive Committee, which met monthly.
**Recruitment and Retention** – In an effort to support continued incoming recruitment inquiries from our website [www.pa-ems.org](http://www.pa-ems.org) we requested additional funding from the Department to update the website. The request included the current websites data to support its viability. Unfortunately, the Department was unable to fulfill this request.

**Member Surveys** – PEHSC conducted the following surveys this year:
- Provider Input for the REPLICA Project
- System Assessment by Field Providers of EMS Component Areas
- Workers Compensation Policies and Strike Teams
Legislative Affairs

The council provided annual testimony to the House and Senate Veteran’s Affairs and Emergency Preparedness Committees on our annual concerns for the system. Our comments for this testimony mirrored the previous testimony and centered on system wide funding concerns and staffing.

**Senate Resolution 6 (SR 6)** – The Council participated in several meetings to assist both the House and Senate in the rewrite to SR 60; a planned package of bills and system wide recommendations focused on emergency service needs across the commonwealth.

The Council reviews and monitors specific legislation throughout the year. The Council also provides education to legislators and their staff on an as needed basis to meet system-wide concerns. The Council’s legislative agenda includes but is not limited to the following concepts:

1. **Funding:** Support increased EMSOF revenue and any other feasible funding source to provide direct support to EMS agencies and for the administration of the system

2. **Mobile Integrated Health Care/Community EMS:** Support legislation to recognize and fund mobile integrated health care as performed by EMS agencies

3. **Healthcare Providers Shortage:** Support efforts to provide incentives to recruit and retain a sufficient healthcare provider force; incentives may include certification exam and continuing education educational funding support, tax credits, and reduced tuition fees for EMS providers and families to attend in-state colleges and universities.

4. **Grants:** Support legislation to provide for grants both at the state and federal level for EMS agencies. Support grant funding to assist in the process of official agency level mergers, consolidations, and partnerships

5. **PA Low Interest Loans:** Support legislation to provide for expanded low interest loans at the state level for EMS agencies.

6. **Reimbursement:** Support legislation that provides appropriate reimbursement levels for EMS services from Medicare, Medicaid and other insurance entities in general and to fund treat and transport and treat and no transport activities. Support legislation that provides direct payment and appropriate payments for EMS agencies from Medicare and other insurance entities
7. Provider Health and Safety: Support legislative efforts to protect EMS providers from infectious diseases and ensure the inclusion of providers in the prophylactic treatment for exposures to infected patients and/or hazardous environments. Support legislative efforts to maintain CISM services for the mental health needs of the field providers. Support legislative efforts to keep appropriate LODD benefits for all emergency providers.

8. Patients: Support lawful efforts to protect patients from providers who have been charged and/or convicted of crimes that jeopardize the safety of the patient.

9. Communications: Support efforts to fund a stable and enhanced 911 system to include Emergency Medical Dispatch.

10. Malpractice Insurance: Support efforts to reduce premiums to sustain a viable physician work force to support EMS agencies and related specialty areas.

2017 Pennsylvania EMS Awards

The 2017 Pennsylvania State EMS Award recipients were formally recognized at a ceremony held at the 40th Annual PA EMS Conference in Lancaster, Pennsylvania. These individuals and organizations showed dedication to their EMS agencies and communities and embody the ideals of the Commonwealth’s EMS system.

EMS Agency of the Year
Small Agency Division

Southern Chester County EMS
Region: Chester County

ALS Practitioner of the Year

Tammy King-Whiteman
Southern Chester County EMS
Region: Chester County
EMS Agency of the Year
Large Agency Division

Northampton Regional EMS
Region: Eastern PA

BLS Practitioner of the Year

Michele Lukitsch
Cetronia Ambulance Corps
Region: Eastern PA

Dr. George Moerkirk Memorial
Outstanding Contributions to
EMS Award

Douglas Garretson
Center for Emergency Medicine
Region: EMS West

EMS Educator of the Year

Nicholas Cutumbis
University of Pittsburgh
Region: EMS West
EMS Communications Award

Barbara Harshman
Franklin County 911 Center
Region: EHSF

David J. Lindstrom EMS Innovation Award

Gary Watters
AMED Ambulance Authority
Region: Southern Alleghenies

Amanda Wertz Memorial EMS for Children Award

Ted Fessides
Cranberry Township EMS
Region: EMS West

Rescue Service of the Year

Mifflintown Hose Company No. 1
Region: Seven Mountains
Pennsylvania’s 40th Annual EMS Conference

The 40th Annual PA Statewide EMS Conference was held at the DoubleTree Resort by Hilton in Lancaster, PA, on September 20-22, 2017

Faculty Presenting
- This year’s conference featured 30+ presenters from across the Commonwealth.
- The featured speakers were Tim Hiller and David Seastrom

Session Summary
- 41 Sessions Total Thursday and Friday in Lancaster
- Attendees attending three days could receive over 20 hours of Continuing Education.
- All clinical sessions were approved for Nursing Continuing Education

Conference Highlights
- Co-sponsorship with the Pennsylvania Department of Health, Bureau of EMS
- The State EMS Awards (10) were presented at the Luncheon
- Pediatric Sessions were sponsored by the EMS-C project

Conference Objectives
- Provide participants with a variety of clinical and non-clinical topics to improve and educate in regard to Pennsylvania’s EMS System and the delivery of EMS in Pennsylvania.
- Provide participants with pediatric-specific education content in conjunction with the PA EMS for Children Program.
- Offer an exhibitor area for the promotion of new technology and services.
- Expand the participant base to include not only EMS providers but also registered nurses, emergency preparedness personnel, agency and regional leaders, fire department personnel, and hospital staff.
- Provide an opportunity for professional networking among EMS providers.

EMS Conference Comparison

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<th>2014</th>
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<tr>
<td>Registered Nurse Attendance</td>
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<tr>
<td>Preconference Attendance</td>
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<td>n/a</td>
<td>183</td>
<td>69</td>
<td>50</td>
<td>96</td>
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</tbody>
</table>
Summary of Conference Participant Demographics

- Breakdown by certification type:
  - EMR 1%
  - EMT 45%
  - AEMT 1%
  - Paramedic 34%
  - PHRN/PHPE 7%
  - Other 2%

- Attendees ranged in age from 19 to 61 years.

- 52 percent of attendees commuted in each day and did not stay at the hotel overnight

- Participants represented quick response services, ambulance services, fire and rescue services, hospitals, and other public safety agencies.
Summary of Regular Meetings Attended by PEHSC Leadership & Staff

- 2017 Pennsylvania Fire & Emergency Services Institute Annual Dinner and Pennsylvania State EMS Awards Presentation
- National Community Paramedicine Webinars
- 2017 Pennsylvania EMS Providers Foundation Annual Dinner and Awards Presentation
- NASEMSO
- SCAN EMS Advisory Board Meeting
- American Trauma Society – PA Chapter Conference
- 9/11 Event at the Capitol
- PEMA 9-1-1 Advisory Board
- HRSA EMSC Town Hall Conference Calls
- PA Safe Kids Meetings
- American Academy of Pediatrics Meetings
- Atlantic EMS Council and EMSC Council Meetings
- Volunteer Loan Assistance Program Meetings, monthly
- EMS Update Conference
- Eastern PA EMS Council Conference
- Seven Mountains EMS Council Conference
- Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors Meetings
- PTSF Annual Conference
- Opioid Crisis Meetings – per invitation
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings
Continuity of Operations and Emergency Response Plan

PEHSC maintains, and updates annually, a Continuity of Operations and Emergency Response Plan. The purpose of this continuity of operations plan is to establish how PEHSC will provide for 24 hour operations in the event of a local, state, or national disaster and how the Council will provide assistance in local, state, and national planning for disaster response. The plan also outlines the procedure PEHSC need to relocate from its current location; the purpose of the emergency operations plan is to establish a procedure should PEHSC staff be faced with an emergency while at work. The plan outlines how PEHSC staff should respond to specific emergencies at the office.

Website

PEHSC maintains a website with information about the organization and with clinical and operational information for EMS agencies and EMS providers. Last fiscal year, the website had 53,864 visitors looking for resources and information about the Council and its activities. PEHSC also maintains an EMS for Children website that provides information about the program and provides resources to EMS agencies, EMS providers, and the general public about response to pediatric emergencies. Last fiscal year, the website received 39,350 visitors seeking information about pediatric emergency response.

Finally, PEHSC maintains a recruitment website to provide information on certification of EMS providers and information about training institutes across the Commonwealth. Unfortunately, this website was hacked by malicious software and had to be temporarily taken down; this site will remain out of service until additional funding has been secured from the Department to update its content and security.
Acknowledgement

Without the continued support of our council members and individuals who participate on our committees and task forces, PEHSC would face a daunting task to identify and discuss issues in order to make recommendations to the Pennsylvania Department of Health for EMS system improvement.

This positive attitude enables PEHSC to continue our role in Pennsylvania’s EMS system and meet our mission. The Pennsylvania Emergency Health Services Council would like to thank everyone who has volunteered their time.

Submitted to the Pennsylvania Department of Health August 30, 2018

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