



## Pennsylvania Emergency Health Services Council



*Your Voice In EMS*



## Fiscal Year 2014-2015 Annual Report

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# Mission, Vision, & Values

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## *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, PEHSC's ultimate purpose 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

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## *History*

PEHSC was formed and incorporated in 1974. The Council's Board of Directors was 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 is partially funded 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 either focused on a specific issue or general topic area.



## Council Membership

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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.

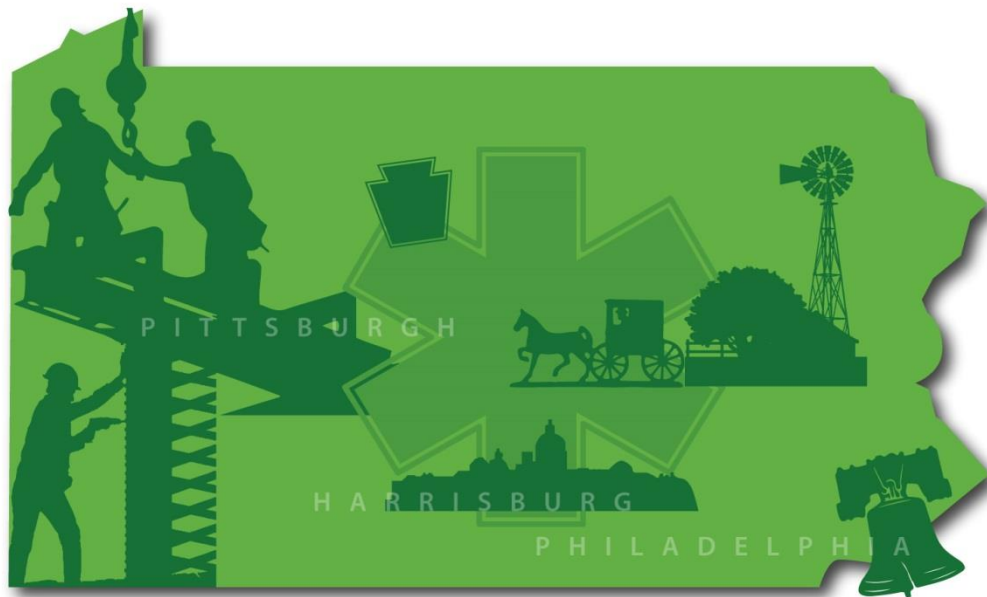
Albert Einstein Med Center - EMS Division	Fraternal Association of Professional Paramedics
Allegheny County EMS Council	Geisinger-Lewistown Hospital
Allegheny General Hospital	Good Fellowship Ambulance & EMS Training Inst.
Ambulance Association of PA	Harrisburg Area Community College
American Heart Assn. – Great Rivers Affiliate	Highmark
American Medical Response Mid-Atlantic, Inc.	Horsham Fire Company No 1
American Red Cross	The Hospital & Healthsystem Association of PA
American Trauma Society, Pennsylvania Division	J R Henry Consulting
Best Practices of Pennsylvania	Jeffstat
Bethlehem Township Volunteer Fire Company	Lancaster County EMS Council
Binns and Associates, LLC	Lancaster General Hospital
Brockway Area Ambulance Service, Inc.	Lawn Fire Co. Ambulance
Bucks County Emergency Health Services Council	Lehigh Valley Health Network
Bucks County Squad Chief's Association	Levittown-Fairless Hills Rescue Squad
Burholme EMS	LTS EMS Council
Butler County Community College	Main Line Health
Center for Emergency Medicine of Western PA	Montgomery County Regional EMS Office
Cetronia Ambulance Corps	Murrysville Medic One
Chal-Brit Regional EMS / Chalfont EMS	Myerstown First Aid Unit
Chester Co Dept of Emergency Services	National Collegiate EMS Foundation
Chester County EMS Council	National Ski Patrol
City Of Allentown EMS	Non-Profit Emergency Services of Beaver County
City Of Pittsburgh - Bureau of EMS	Northeast PA Volunteer Ambulance Association
Columbia Quick Response Service	Northwest EMS Inc.
County Of Schuylkill - Office of Public Safety	Penn State Milton S. Hershey Medical Center
Cumberland Goodwill EMS	Pennsylvania ACEP
Danville Ambulance Service	Pennsylvania Athletic Trainers Society
Delaware County EHS Council	Pennsylvania Committee on Trauma - ACS
Eastern Lebanon County School District (ELCO)	Pennsylvania Fire and Emergency Services Institute
Eastern PA EMS Council	Pennsylvania Firemen's Legislative Federation
Emergency Health Services Federation, Inc.	Pennsylvania Medical Society
Emergency Medical Services of Northeastern PA	Pennsylvania Neurosurgical Society
Emergency Nurses Association, PA Chapter	Pennsylvania Orthopedic Society
EMMCO East	Pennsylvania Osteopathic Medical Association
EMMCO West	Pennsylvania Professional Fire Fighters Association
EMSI - Emergency Medical Service Institute	Pennsylvania Psychological Association
First Aid & Safety Patrol of Lebanon	Pennsylvania Search & Rescue Council

## Council Membership, continued

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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  
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  
Susquehanna Regional EMS  
Temple Health System Transport Team  
Tioga County EMS Council  
Topton A L Community Ambulance Service  
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  
West Grove Fire Company  
Westmoreland County EMS Council  
YTI Career Institute





## Affiliate Council Membership

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

7th Ward Civic Association Ambulance Service	Event Medical Staffing Solutions
Acute Care Medical Transports Inc.	Factoryville Fire Co. Ambulance
American Health Medical Transport	Fame Emergency Medical Services
American Life Ambulance	Fayetteville Volunteer Fire Department
American Patient Transport Systems	Fellows Club Volunteer Ambulance Service
Am Serv Ltd Dusan Community Ambulance	Forest Hills Area Ambulance Association
AREA Services	Franklin & Northmoreland Twp. Amb. Assn.
Auburn Fire Company Ambulance Service	Gilbertsville Area Community Ambulance Service
Blakely Borough Community Ambulance Assn.	Girardville Ambulance Service
Brighton Township VFD	Goshen Fire Company
Brownsville Ambulance Service	Greater Pittston Ambulance & Rescue Assn.
Buffalo Township Emergency Medical Services	Greater Valley EMS
Canonsburg General Hospital EMS	Guardian Angel Ambulance Service
Central Medical Ambulance Service	Halifax Area Ambulance & Rescue Assn.
Centre County Ambulance Association	Hamburg Emergency Medical Services
Centre LifeLink EMS	Hamlin Fire & Rescue Co.
Christiana Community Ambulance Association	Harford Volunteer Fire Company EMS
Citizens Volunteer Fire Company EMS Division	Harmony EMS
Clairton Volunteer Fire Department	Heart to Heart Ambulance Service
Clarion Hospital EMS	Haverford Township Paramedic Department
Community Ambulance Association Ambler	Health Ride Plus
Community Ambulance Service	Health Trans Ambulance
Community College of Beaver County	Honey Brook Ambulance Association
Community Life Team	Hose Co #6 Kittanning Ambulance Service
Conemaugh Township EMS	Irvona Volunteer Ambulance Service
Corry Ambulance Service	Jacobus Lions Ambulance Club
Cranberry Township EMS	Jefferson Hills Area Ambulance Association
Cresson Area Amb. dba Cambria Alliance EMS	Jessup Hose Co No 2 Ambulance Association
Delaware County Community College	Karthus Ambulance Service
Delaware County Memorial Hospital EMS	Kecksburg VFD Rescue Squad
Dover Area Ambulance Club	Kutztown Area Transport Service, Inc.
Duncannon EMS	Lack Tuscarora EMS
East Brandywine Fire Company QRS	Lackawanna/Wayne Ambulance
Eastern Area Prehospital Service	Lancaster EMSA
Easton Emergency Squad	Lehigh Carbon Community College
Ebensburg Area Ambulance Association	Lehighon Ambulance Association, Inc.
Elizabeth Township Area EMS	Liverpool Emergency Medical Services
Elysburg Fire Department EMS	Longwood Fire Company
EmergyCare	Lower Kiski Ambulance Service
Em-Star Ambulance Service	Loyalsock VFC #1 EMS Division

## Affiliate Council Membership, continued

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Macungie Ambulance Corps  
Manheim Township Ambulance Assn.  
Mastersonville Fire Company QRS  
McCandless Franklin Park Ambulance Authority  
McConnellsburg Fire Department  
Meadville Area Ambulance Service LLC  
Med-Van Transport  
Memorial Hospital EMS  
Meshoppen Fire Company  
Midway Volunteer Fire Company  
Mildred Ambulance Association  
Milmont Fire Co. EMS  
Mount Nittany Medical Center - EMS  
Mountain Top Fire Company  
Muncy Township VFC Ambulance  
Nazareth Ambulance Corps.  
New Holland Ambulance Association  
Newberry Township Fire & EMS  
Northampton Community College  
Northampton Regional EMS  
Northwestern Ambulance Corps.  
Norwood Fire Co #1 EMS  
NovaCare Ambulance  
Orwigsburg Ambulance  
Penn State Hershey Life Lion EMS  
Penn Township Ambulance Assn. Rescue 6  
Pennsylvania College of Technology  
Pike County Advanced Life Support  
Pleasant Volunteer Fire Department  
Pointe 2 Pointe Services Inc.  
Portage Area Ambulance Association  
Pottsville Area Emergency Medical Services  
Quick Response Medical Transport  
Regional EMS & Critical Care

Rices Landing Volunteer Fire Department  
Robinson Emergency Medical Service  
Ross/West View EMS Authority  
Rostraver/West Newton Emergency Services  
Russell Volunteer Fire Department  
Scott Township Emergency Medical Services  
Shawnee Valley Ambulance Service  
Shippensburg Area EMS  
Smiths Medical ASD Inc.  
Snow Shoe EMS  
Somerset Area Ambulance  
South Central Emergency Medical Services  
Southern Berks Regional EMS  
Springfield Ambulance Association  
Springfield Hospital EMS  
St. Mary EMS  
Stat Medical Transport, LLC  
Superior Ambulance Service  
Susquehanna Township EMS  
Trans-Med Ambulance, Inc.  
Trappe Fire Company No. 1 Ambulance  
Tri-Community South EMS  
United Hook & Ladder Co #33  
UPMC Passavant  
Valley Community Ambulance  
Veterans Memorial Ambulance  
Weirton Area Ambulance & Rescue Squad  
Western Alliance Emergency Services  
Western Berks Ambulance Association  
Westmoreland County Community College  
White Mills Fire Department Ambulance  
White Oak EMS  
White Rose Ambulance  
York Regional Emergency Medical Services





## Board of Directors

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Each year, the Council elects a Board of Directors comprised of at least 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

Ambulance Association of PA

American Heart Assn. – Great Rivers Affiliate

Center for Emergency Medicine of Western PA

Cetronia Ambulance Corps

City Of Allentown EMS

Columbia Quick Response Service

Danville Ambulance Service

EMSI - Emergency Medical Services Institute

First Aid & Safety Patrol of Lebanon

Harrisburg Area Community College

Highmark

Lehigh Valley Health Network

Non-Profit Emergency Services of Beaver County

Northwest EMS Inc.

Pennsylvania Committee on Trauma - ACS

Pennsylvania Fire & Emergency Services Institute

The Pennsylvania State University

Pennsylvania Trauma Systems Foundation

Philadelphia University

Seven Mountains EMS Council

Susquehanna Health System

Tioga County EMS Council

UPMC Presbyterian

Valley Ambulance Authority

VFIS/Education and Training Services

VMSC of Lower Merion and Narberth

Wellspan York Hospital

Williamsport Area Ambulance Service Co-op

Douglas Garretson

John Cole

Donald DeReamus

Alexander Kuhn

Ronald Roth, MD

Chris Peischl

Matthew Brett

Frank Splain, Jr.

Edward Engdahl

Thomas McElree, Esq.

Anthony Deaven

Rob Bernini

Robert McCaughan

Joel Calarco

Robert Lordo

Scott Kingsboro

Susan Baro, DO

Don Kunkle

J. David Jones

Juliet Geiger, RN

Jean Bail, RN, Ed.D

Timothy Nilson

Charles Stutzman

John Getty

Myron Rickens

J.R. Henry

David Bradley

Patrick Doyle

Steven Schirk, MD

Gregory Frailey, DO

### Category key:

**Red:** County EMS Councils

**Blue:** Hospitals/Healthcare Systems

**Orange:** Educational Institutions

**Purple:** Statewide Organizations

**Green:** EMS Agencies

**Navy:** Regional EMS Councils

# Executive Leadership & Council Staff

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## *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
Robert Bernini	Vice President
Ronald Roth, MD	Treasurer
Anthony Deaven	Secretary
Douglas Garretson	Member-at-Large
Chris Peischl	Member-at-Large
J.R. Henry	Immediate Past President

## *Council Staff*

The Council employs a staff of six, 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	EMS Systems Specialist
Travis Woodyard	EMS Systems Specialist
Thomas Winkler	EMSC Program Director
Patricia Morrison	Office Manager
Jean Gochenauer	Administrative Assistant

## *Executive Offices*

PEHSC's executive office is located at:  
 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

FY 13-14 Financial Information	FY 14-15	FY 14-15*	FY 13-14
	Budget	Actual	Actual
<b>State Contract</b>			
Income	\$491,949.00	\$491,889.58	\$491,762.00
Expense		\$491,889.58	\$491,762.00
<b>EMSC Contract</b>			
Income	\$128,800.00	\$128,800.00	\$128,220.00
Expense		\$128,800.00	\$128,220.00
<b>EMSC Carryover</b>			
Income	\$11,766.00	\$11,766.00	n/a
Expense		\$11,766.00	n/a
<b>EMS Conference</b>			
Income		\$110,825.25	\$108,080.00
Expense		\$90,292.45	\$89,628.00

\*Fiscal Year 2014-2015 amounts listed are pending year-end audit. Complete financial audits are available upon request to the Council.

### *Department of Health Mini-Grant*



Through a mini-grant provided by the Pennsylvania Department of Health, Bureau of Family Health, the EMSC Program produced a video related to emergency response to concussions. Working with Michael Horan of the Comprehensive Concussion Education Team of Bucks County, this five minute video's intended audience is parents/guardians and other caregivers who don't have any medical training. The video received wide praise at both the state and federal level, and was distributed to the PEHSC membership. The video is available on our YouTube website: <https://youtu.be/CrLvq9d1wIU>. Special thanks go to PEHSC Council member Northwest EMS for their assistance with producing this video.

## Recommendations to the Department of Health

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The following recommendations were approved by the PEHSC and submitted to the Pennsylvania Department of Health. The Department's responses are included as well.

### *December 10, 2014 Board Meeting*

#### **VTR 1214-01      AHA BLS for Prehospital Provider Program**

*Recommendation:* The Pennsylvania Department of Health should add the American Heart Association's "BLS for Prehospital Provider" to the list of approved courses for EMS providers.

*Department of Health Response:* The Department accepts this recommendation and will add the "BLS for Prehospital Provider" course to the approved list within 60 days of the date of this letter.

#### **VTR 1214-02      Updates to Pediatric Voluntary Recognition Program**

*Recommendation:* The Department of Health should accept the attached revisions to the current Pediatric Voluntary Recognition Program.

*Department of Health Response:* The Department accepts this recommendation to the voluntary recognition program in order to maintain the program at the forefront of protecting the health and safety of children within the Commonwealth.

#### **VTR 1214-03      EMS Educational System Recommendations Package**

*Recommendation:* The Department of Health should further develop the recommendations contained in the attached document as a means to expand upon the strengths of the EMS Educational System to better meet the changing needs of the providers and the EMS system.

*Department of Health Response:* The Department has reviewed the package of recommendations provided by PEHSC. The Department will continue to review these recommendations against current standards, practices, and technologies available. At this time the Department will table the recommendations until the Department has the opportunity to discuss and clarify the recommendations with the Committee.

## Recommendations to the Department, continued

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### *March 11, 2015 Board Meeting*

#### **RFC 0315-01          Recommendations Related to Available Funding**

*Resolution:* The PEHSC resolves to recommend all future clinical and operational enhancements and/or modifications regardless of the system's ability to fund these initiatives. However, we further resolve that efforts will be made to recognize these financial constraints by linking each recommendation's implementation to coincide with resources if and when they become available (including the redistribution of funds). **Simply stated, we will recommend that the implementation of some recommendations will be held until an appropriate funding stream is identified; others would be identified for implementation as per our current practice.**

*Department of Health Response:* [The Department has not responded to this RFC as of the publication of this report.]

#### **VTR 0315-01          PCR Software Procedure and Medication Validation**

*Recommendation:* The Department of Health should require PCR vendors to validate that their PCR software permits all certification levels to document, in the applicable NEMESIS fields, all procedures and medications consistent with the scope of practice for each level. This includes patient assisted medications.

*Department of Health Response:* [The Department has not responded to this VTR as of the publication of this report.]

### *March 27, 2015 Executive Committee Meeting*

#### **VTR 0315-02          Extension of effective date for [portions of] the Scope of Practice for Emergency Medical Services Providers**

*Recommendation:* The Department of Health should extend the effective date for items 49-50 in the Scope of Practice for Emergency Medical Services Providers published January 17, 2015 (45 Pa.B 3771) **from July 1, 2015 until July 1, 2016.**

*Department of Health Response:* [The Department has not responded to this VTR as of the publication of this report.]

## Recommendations to the Department, continued

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### *May 06, 2015 Executive Committee Meeting*

#### **VTR 0515-01      Final Recommendations for Critical Care Paramedic Project**

*Recommendation:* The Pennsylvania Department of Health should accept PEHSC's final recommendations to implement the expanded scope of practice for paramedics practicing on licensed air and critical care transport ambulance in Pennsylvania.

*Department of Health Response:* [The Department has not responded to this VTR as of the publication of this report.]

#### **VTR 0515-02      Proposed Changes to EMS Provider Scope of Practice**

*Recommendation:* The Pennsylvania Department of Health should revise the Scope of Practice for Emergency Medical Services Providers related to mechanical ventilation.

*Department of Health Response:* [The Department has not responded to this VTR as of the publication of this report.]

### *June 10, 2015 Board Meeting*

#### **CFC 0615-01      Continuing Education Course Approval Process**

*Recommendation:* The Pennsylvania Department of Health should consider reengineering the continuing education course approval process to improve the efficiency and efficacy of the continuing education process.

*Department of Health Response:* [The Department has not responded to this CFC as of the publication of this report.]

#### **VTR 0615-01      Printed PCR Elements**

*Recommendation:* The Department of Health should require that all Pennsylvania authorized electronic PCR software programs include the applicable elements from the attached list on the printed version of a PCR.

*Department of Health Response:* [The Department has not responded to this VTR as of the publication of this report.]



## Recommendations to the Department, continued

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### **VTR 0615-02            Pennsylvania NEMSIS Elements**

*Recommendation:* The Department of Health should revise the set of Pennsylvania NEMSIS elements collected, utilizing the attached list, to add the 20 elements identified for addition, and remove the 33 elements identified for removal.

*Department of Health Response:* [The Department has not responded to this VTR as of the publication of this report.]

### **VTR 0615-03            PHRN and PHPE ALS Skills Verification**

*Recommendation:* ALS psychomotor skills verification should be integrated into the PHRN and PHPE certification testing process.

*Department of Health Response:* [The Department has not responded to this VTR as of the publication of this report.]

### **VTR 0615-04            BLS Psychomotor Examination Deficiency Assessment Feedback Form**

*Recommendation:* The Department should adopt the use of a BLS psychomotor examination deficiency assessment feedback form.

*Department of Health Response:* [The Department has not responded to this VTR as of the publication of this report.]

## Council Activities

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### *Emergency Medical Services for Children*

Through the contract with the Department of Health, the Council employs a full-time EMS for Children (EMSC) Program Director to manage 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 interfacility 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

This fiscal year, the EMSC Advisory Committee met quarterly 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 EMSC groups, including the Pediatric Emergency Care Council of the National Association of State EMS Officials (NASEMSO). This year, the Program Director was elected to be the East Region representative for NASEMSO PEC Council. In addition to working toward successful completion of the federal performance measures outlined above, the EMSC Program Director remains active in various committees and councils to ensure that EMSC priorities are considered in policy development by numerous organizations.

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

- The *Emergency Guidelines for Schools* handbook second edition was updated to include revisions to the sections on active shooter and unauthorized intruder. A supply of 350 hard copies was produced using the EMSC carryover funds and is being distributed upon request to schools across Pennsylvania to help them better prepare for emergencies.

## Council Activities, continued

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### *Emergency Medical Services for Children, continued*

- To meet the NEDARC workshop requirement for FY 2014-15, the program director attended a workshop from June 02-04, 2015, entitled “Infographics: Storytelling with Data.” At this workshop, an infographic was developed to promote the safe transport of children in Pennsylvania ambulances and is available on the EMSC website.
- The EMSC Voluntary Recognition Program continued to accept applications, with over 50 being accepted this FY. Through a coordinated effort between the EMSC Program, PEHSC, the Department of Health, and Pennsylvania’s EMS Regional Councils, the Program continues to accept applications on a rolling basis. The Program received its first ever comprehensive review and was updated to include a new level to recognize EMS agencies that perform child seat safety checks and have Child Passenger Safety Technicians at their agencies. As of June 30, 2015, over 100 EMS agencies have been recognized under the program at the following levels:
  - Basic: 20 EMS agencies
  - Intermediate: 10 EMS agencies
  - Advanced: 15 EMS agencies
  - Master: 60 EMS agencies
- The Pennsylvania EMS for Children website, [www.paemsc.org](http://www.paemsc.org), has been active for over a year and is the go-to website for information about emergency care for children in Pennsylvania and continues to be Pennsylvania’s EMS providers’ go to resource for pediatric emergency medical care.
- In an effort to provide new and unique pediatric education, the EMSC Program partnered with Jerome Spinnato, RN, of Children’s Hospital of Pittsburgh to offer a new, one-of-a-kind offering of the S.T.A.B.L.E. course. Mr. Spinnato took the S.T.A.B.L.E. course, which is normally offered in the hospital environment, and tailored it specifically to EMS providers to provide pertinent information related to the care of sick newborns and infants. The course was offered multiple times statewide and received rave reviews from attendees.
- New legislation expanding the requirements for background checks was passed during the FY. This legislation was interpreted to include EMS providers, now requiring them to complete background checks for the first time ever. In response to this legislation, PA EMSC released an FAQ document to address questions EMS providers had regarding background checks.

## Council Activities, continued

### *Emergency Medical Services for Children, continued*

- The EMSC Program provides support and educational content to the annual statewide EMS conference.
- Multiple equipment distributions were established and are ongoing. The EMSC Program continues to distribute pediatric-capable pulse oximeters, with over 100 already distributed. Additionally, the EMSC Program used remaining funds to purchase a pediatric safe transport device for distribution to EMS agencies.
- The EMSC Advisory Committee provided recommendations regarding sudden cardiac arrest in student athletes, including monitoring multiple pieces of legislation related to CPR training in schools.
- The EMSC Program continued to offer the popular continuing education webinar series. These webinars are provided at no cost to Pennsylvania's EMS providers and focus on varied pediatric topics. The webinars are recorded and are placed onto the EMSC website with continuing education attached to them. The following webinars were presented:
  - December 04, 2014: *Pediatric Trauma: General Principles and Trauma Team Activation* by Dr. Brett Engbrecht
  - February 05, 2015: *Child Abuse: Recognizing the Signs* by Dr. Lisa Simonian
  - June 11, 2015: *Pediatric Shock* by Joyce Foresman-Capuzzi, RN

### *Public Relations Events*



EMSC Program Director Tom Winkler attended multiple public relations events related to the Pediatric Voluntary Recognition Program, including this event at Cheltenham Township EMS recognizing them for their dedication to providing high-quality pediatric emergency medical care.

## Council Activities, continued

### *Community Paramedicine / Mobile Integrated Healthcare Task Force*

The Bureau of EMS has requested the PEHSC to explore how community EMS care can be integrated into Pennsylvania's EMS system. In this model, EMS-based community health services, also referred to as Mobile Integrated Healthcare (MIH), can supplement the traditional EMS response to deliver a wide range of healthcare services, including injury prevention screening, wellness checks and post discharge follow up. In the future, it may provide a viable alternative to EMS transporting some low acuity patients, which could have a positive impact on emergency department overcrowding and healthcare cost containment.

The cornerstone of MIH is the community needs assessment. As with all other areas of healthcare, MIH is not a one-size-fits-all proposition; the assessment helps to avoid duplication or replication of existing services. The two major areas of focus in MIH are services triggered as the result of calling 9-1-1 or those pre-scheduled by a hospital, extended care facility, healthcare insurer, or the patient themselves.

Pennsylvania is fortunate to have several MIH programs and added more last year, all of which are somewhat different in their scope of services based on the aforementioned community needs assessment. These programs operate in communities that span the Commonwealth and provide the task force with valuable real-world experience that will help to shape the future of mobile integrated healthcare in the Commonwealth.

During FY 13-14, the task force focused on defining a vision for community paramedicine in Pennsylvania by producing a whitepaper, "Community Paramedicine, A New Approach to Integrated Healthcare". In FY 14-15, the task force continued to educate the public and members of the general assembly on the benefits of this emerging area of EMS practice. The task force also embarked on what it sees as the next phase of development for community paramedicine: establishing minimum education standards for providers and minimum licensing standards for agencies. Although specific community initiatives are based on a local needs assessment, the task force will identify foundational educational objectives essential for all community paramedics.



Community Paramedicine Whitepaper

## Council Activities, continued

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### *Education Task Force*

PEHSC received a formal request from the Pennsylvania Department of Health, Bureau of EMS to review the EMS educational system, identify strengths and weaknesses, and offer recommendations for improvement. A broad range of stakeholders was selected to serve on the task force, ensuring representation from the various geographies of the Commonwealth and its EMS education system. The task force met regularly from May until November to conduct a thorough evaluation of the Commonwealth's EMS Education System. The task force identified three areas of focus: accessibility to certification programs, cost of certification programs, and access to cognitive and psychomotor examinations. The task force compiled eight recommendations to improve these three areas. A recommendations package was submitted to the PEHSC Board of Directors at the December 10, 2015 board meeting. The Board of Directors approved the recommendations and the package was submitted to the Bureau of EMS.

The Education Task Force continues to meet to address other educational concerns that were not addressed in the recommendations package. Discussions on psychomotor examinations revealed that there was no feedback mechanism for BLS training institutes as to how their students perform on psychomotor examinations. The task force agreed that it is important to close the feedback loop so that training institutes can continue to improve their programs. The task force submitted VTR 0615-04 BLS Psychomotor Examination Deficiency Assessment Feedback Form, to the Board of Directors which was subsequently approved.

The task force has identified inconsistencies in the psychomotor exam process that prehospital registered nurses (PHRNs) and prehospital physician extenders (PHPEs) are subject to in comparison to that of other advanced life support providers. In an effort to ensure that PHRNs and PHPEs are meeting the same competency requirements as other ALS providers, the task force submitted VTR 0615-03 PHRN and PHPE ALS Skills Verification, to the Board of Directors, which was subsequently approved.

The task force also offered a concept for consideration, CFC 0615-01 Continuing Education Course Approval Process, to the Board of Directors, which was subsequently approved. The CFC recommends a revamp of the current continuing education approval process. The task force contends that the process can be streamlined and updated to better serve the needs of the continuing education sponsors, and reduce the workload of regional council and Bureau of EMS staff members.



## Council Activities, continued

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### *Advanced Emergency Medical Technician Task Force*

The Advanced Emergency Medical Technician became part of Pennsylvania's EMS System with the passage of Act 37 of 2009 and its associated rules and regulations. In FY 2013-14, PEHSC submitted seven (7) recommendations to the Department of Health related to implementing the AEMT Program. In FY 2014-15, the Council continued to assist the Department with the implementation process by:

- Tasking the Medical Advisory Committee to work with the Commonwealth EMS Medical Director to recommend statewide treatment protocols for the advanced EMT.
- Assisting the Bureau of EMS staff in the publication of the AEMT scope of practice, medication list and the minimum equipment requirements for an Intermediate Advanced Life Support (IALS) agency.

### *Air Medical / Critical Care Transport Task Force*

During the past year, the task force worked to make final edits on the comprehensive program recommendations. Many of these final edits were made in consultation with the Director of the Bureau of EMS and concerned the Department of Health's regulatory authority in a number of areas. As a result of this consultation, several component areas were changed to reflect recommended "best practices" instead of requirements. The affected areas include provider integration, continuing education, and agency medical director qualifications.

Following these edits, the final recommendation document to establish the critical care level paramedic in Pennsylvania was sent to, and accepted by, the PEHSC Board of Directors (VTR# 0515-01). PEHSC continues to assist the Department in implementing this program by:

- Tasking the Medical Advisory Committee to work with the Commonwealth EMS Medical Director to finalize statewide treatment protocols for the expanded scope of practice paramedic working in a ground or air critical care transport environment.
- Assisting the Bureau of EMS staff in the publication of the expanded scope of practice and medication list for the expanded scope paramedic and the minimum equipment requirements for both ground critical care transport and air ambulances.
- Creating critical care course sponsor checklists and Department course review forms to facilitate new critical care course approval.

## Council Activities, continued

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### *State Plan*

The State Plan, as developed by the Pennsylvania Department of Health, with assistance from PEHSC, is available on the PEHSC and the Department of Health, Bureau of EMS websites. PEHSC was requested to wait to prepare revisions to the plan pending Bureau of EMS review and recommendations for this fiscal year.

### *Personal Protective Equipment in Suspected Ebola*

With the proliferation of Ebola in West Africa and the possibility of introducing the disease into the United States by international travelers, including returning aid workers, the Centers for Disease Control and Prevention (CDC) mobilized to create guidance for EMS providers. This advice included surveillance information, signs and symptoms, and specific recommendations for the use of personal protective equipment (PPE).



Donning and Doffing Ebola PPE for EMS - Coverall Version

The Pennsylvania Department of Health issued guidance to all EMS agencies and personnel consistent with that provided by the CDC. To assist the Department and ensure providers properly donned and doffed the required enhanced PPE, PEHSC produced an instructional video with the assistance of Good Fellowship Ambulance of West Chester, PA.

## Council Activities, continued

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### *Medical Advisory Committee*

The Medical Advisory Committee (MAC) convened five meetings during the Fiscal Year, during which they discussed a wide range of clinical topics including:

- Forming a workgroup to make recommendations that will establish additional educational requirements and an expanded scope of practice for providers working in tactical (TEMS) or wilderness (WEMS) settings.
- Working with the Commonwealth EMS Medical Director to update the statewide BLS and ALS protocols, and to finalize the new AEMT and Critical Care Transport protocols.
- Directing the creation of an educational publication on changes to the prehospital spinal care protocol for emergency department personnel.
- Recommending amendments to the EMS provider scope of practice regarding mechanical ventilation.
- Reviewing and supporting the final critical care expanded scope of practice paramedic project.
- Conferencing with the Pennsylvania Physician General to discuss strategies to increase the availability of naloxone to first responders to reverse the effects of opioid overdoses.

Other MAC activity during the year included continued discussion and review of draft documents associated with scope of practice, medications, and protocols; review of four clinical research and pilot programs; discussions on the expanded use of Naloxone by emergency services providers and law enforcement due to the increased incidence of opioid related overdoses; provided feedback to the critical care taskforce on elements of Phase II and III of the critical care paramedic project; and recommendations that ALS providers be permitted to monitor Acetylcysteine during interfacility transports.

#### ***Research Initiatives Approved by the Medical Advisory Committee***

Evidence-based practice helps to ensure that our patients are receiving best possible care. During FY 2014-15 the committee reviewed and approved the following proposals:

1. A study to determine the efficacy of administering tranexamic acid during air medical transport.
2. A study to determine if achieving a target systolic blood pressure improves the outcome of patients experiencing cerebral hemorrhage.
3. A study to determine if immediate transportation in lieu of prehospital procedures in penetrating trauma patients will result in improved survival.

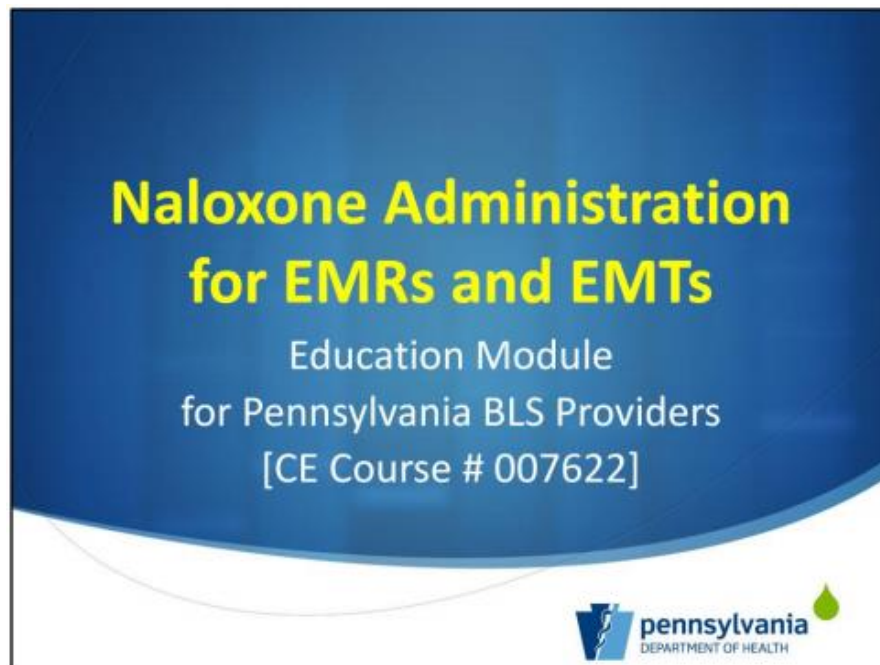
## Council Activities, continued

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### *Naloxone Working Group*

PEHSC convened a working group to address the national and state concerns associated with opioid overdoses. In FY 2013-14 the group reviewed pending state legislation and developed a list of questions with regard to the expanded scope of practice for EMRs and EMTs and expanding the availability of naloxone to police officers and firefighters.

In September 2014, Senate Bill 1164 was signed into law becoming Act 139. This legislation allows first responders, including law enforcement, firefighters, EMS and other organizations, the ability to administer naloxone. The law also allows individuals, such as friends or family members, who may be in a position to assist a person at risk of an opioid overdose, to obtain naloxone. In April 2015, on instructions from the Governor, the Pennsylvania Physician General issued a standing order to allow the aforementioned persons to obtain and administer naloxone.



In response to Act 139, the Department of Health tasked PEHSC to develop an online training program on the administration of naloxone for EMRs and EMTs. This continuing education course was added to the state's Learning Management System (LMS) in December 2014 (Course# 007622).

## Council Activities, continued

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### *EMS Information Task Force*

The EMS Information Task Force continues to evaluate the effectiveness of the data collection processes of the Commonwealth's EMS System. As a part of the routine evaluations of data elements collected, the task force identified elements being collected that were not beneficial to the system; in addition, the task force identified elements not being collected that could be of benefit. The task force submitted VTR 0615-02, Pennsylvania NEMSIS Elements, to the Board of Directors, recommending the addition of 20 elements removal of 33 elements. The VTR was subsequently approved by the board.

The task force also discovered that no formal standard existed as to what elements were included on a printed patient care report (PCR.) The task force reviewed the elements being collected digitally, and in consultation with the PEHSC Medical Advisory Committee, Pennsylvania Trauma Systems Foundation, STEMI, and stroke registrars, compiled a list of recommended elements as minimum standard for all printed PCRs. The list was submitted to the PEHSC Board of Directors in VTR 0615-01 Printed PCR Elements; the VTR was subsequently approved.

### *Communications Committee*

The PEHSC Communications Committee, under the direction of Chairman Mel Musulin, has been actively engaged with the PA FirstNet program in assisting with the national initiative to establish a first responder's broadband network. The committee's primary role has been to disseminate information from PA FirstNet to PEHSC members and encourage participation in surveys conducted by PA FirstNet.

The Communication Committee has received a formal request from the PA Department of Health, Bureau of EMS to evaluate the Commonwealth's EMS Communications. PEHSC Staff and the committee chairman are currently reviewing the request and formulating a plan and timeline to complete the evaluation.

## Council Activities, continued

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### *Additional Ad-Hoc Projects*

#### **Farm Safety**

PEHSC holds a seat on the Department of Agriculture's Farm Safety Advisory Board. At this year's meeting the Board voted to request additional funding for agricultural safety and training. The group prepared a draft recommendation for submission in FY 15-16.

#### **Trauma Centers**

PEHSC staff participated in a comprehensive review of the updated trauma standards from the American College of Surgeons hosted by the PTSF. PEHSC also worked with the PTSF in regard to perceived concerns of delays with inter-facility transfers. Data was discussed to support concerns, and the trauma center registrars were engaged to validate the data for consideration. After much discussion, it was decided that the data collection would need to be changed to accommodate the request. At this point PEHSC and PTSF decided to monitor the situation to see if a need arises to make such a change.

#### **EMS Agency Reimbursement**

PEHSC shared proposed CMS zip code changes to EMS agencies in PA in an effort to educate them about the financial impact. PEHSC also shared a change in the medical assistance mileage reimbursement policy as printed in the PA Bulletin to services.

#### **DOH Requests**

The PEHSC was requested by BEMS to supply them with any and all recommendations that were made in regard to EMS funding for the system. We were also asked to staff the BEMS booth at the PA Farm Show to teach citizen level CPR; four staff members participated. The BEMS provided PEHSC with several work requests for completion in FY 16.

#### **PA EMS Association**

After several years of study, the PEHSC incorporated the PA EMS Association as a supporting corporation to the council as another 501(c)(3). The organization held its first meeting in March 2015, with a subsequent meeting held in June.



## Legislative Affairs

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During Fiscal Year 14-15, PEHSC tracked, and, when appropriate, provided comment on state and federal legislation affecting emergency medical services including:

- Review of bills related to Volunteer Companies Loan Fund Grants and the Grant Program and additional funding for EMS organizations
- EMS Week Proclamation and Resolutions
- Review of bills related to certification sanctions for convictions, etc.
- Review of bills and education related to direct payment for ambulance services
- Review of bills related to ambulance service billing
- Review of bills related to the establishment of an EMS memorial flag
- Review of bills related to Workers' Compensation insurance issues
- Review of bills and education regarding overdose response and immunity
- Review of bills and education regarding incentives for EMS agency volunteers
- Review of bills regarding the development of the medical home model for patients
- Review of bills related to line of duty death benefits
- Review of bills and education related to an exemption for volunteers being counted as fulltime employees under the Federal Patient Protection and Affordable Care Act
- Review of legislation regarding organ donation
- Review of legislation regarding the development of a community based health care program in the Department of Health
- Review of legislation regarding background checks for EMS providers

During the Fiscal Year, the Council also provided legislative testimony related to a House of Representative request to discuss EMS system needs, including recruitment and retention concerns (March 2015). The full texts of both of these testimonies are available by contacting any Council staff member.

## Legislative Initiatives

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The PEHSC identified the following legislative initiatives for FY 14-15:

1. **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.
2. **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.
3. **PA Low Interest Loans:** Support legislation to provide for expanded low interest loans at the state level for EMS agencies.
4. **Mobile Integrated Health Care/Community EMS:** Support legislation to recognize and fund mobile integrated health care as performed by EMS agencies.
5. **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.
6. **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.
7. **Funding:** Support increased EMSOF revenue and any other feasible funding source to provide direct support to EMS agencies.
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.

## 2014 Pennsylvania EMS Awards

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The 2014 Pennsylvania State EMS Award recipients were announced by Pennsylvania Department of Health, Bureau of EMS Director Richard Gibbons at the 37<sup>th</sup> Annual PA EMS Conference in Lancaster and Altoona, Pennsylvania. These individuals and organizations were formally recognized at a ceremony held in conjunction with the Pennsylvania Fire and Emergency Services Institute annual dinner.

### **ALS Practitioner of the Year**

Gregory Porter, EMT-P  
Ross Westview EMS  
Allegheny County

### **BLS Practitioner of the Year**

John Sly, EMT  
Westwood Volunteer Fire Company  
Chester County

### **EMS Educator of the Year**

Stacey Girven, EMT  
Muncy VFC & LTS Regional EMS  
Council  
Lycoming County

### **EMS Communications Award**

James Douglass, EMT  
Tioga County Department of  
Emergency Services  
Tioga County

### **Rescue Service of the Year**

King of Prussia VFC  
King of Prussia, PA  
Montgomery County

### **Amanda Wertz Memorial EMS for Children Award**

Edgar Grant, EMT-P  
Penn Township Ambulance Assn.  
Westmoreland County

### **Dr. George Moerkirk Memorial Outstanding Contributions to EMS Award**

John McCarthy, DO  
Lehigh Valley Health Network  
Lehigh County

### **EMS Agency of the Year – Small Agency Division**

Williamstown EMS  
Williamstown, PA  
Dauphin County

### **EMS Agency of the Year – Large Agency Division**

Murrysville Medic One  
Murrysville, PA  
Westmoreland County

## 2015 PEHSC Awards

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Each year, as a thank you to those individuals who have provided exemplary service to the Council, a series of awards are delivered at a luncheon held in conjunction with the June Board of Directors meeting. The 2015 award recipients are as follows:

### **Jerry Esposito EMS Administrator Award**



William Wells, Sr.  
Good Fellowship Ambulance & Training  
Institute  
Montgomery County

### **Walter J. Thomas Citizen Award**



David Bradley  
Volunteer Fireman's Insurance  
Services  
York County

### **Joel Grottenthaler Memorial Award**



Robert Cooney  
PA Bureau of EMS (retired)  
Dauphin County

# EMS PENNSYLVANIA'S 37TH ANNUAL CONFERENCE

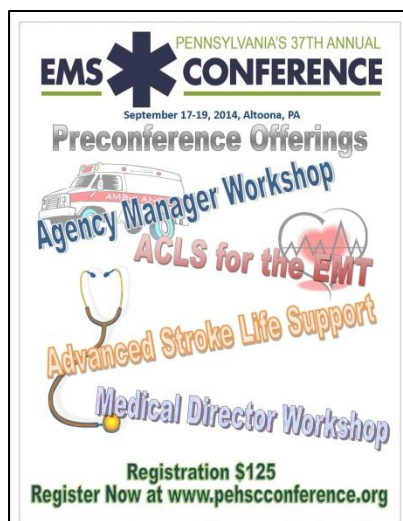
Pennsylvania's 37th Annual EMS Conference was held at two sites on August 13-15, 2014 at the Lancaster Marriott at Penn Square in Lancaster, PA, and September 17-19, 2014 at the Blair County Convention Center, Altoona, PA. The curriculum was the same for both sites, with most faculty members presenting at both locations.

**Objectives** *Note: This is only a select list – see full conference report for all objectives*

- Provide participants with a variety of clinical and non-clinical topics to improve EMS provider education and knowledge
- Offer an extensive exhibitor area for the promotion of new technology & services
- Provide participants with pediatric-specific education content in conjunction with the PA EMS for Children Program.

## **Conference Highlights**

- Co-sponsorship with the Pennsylvania Department of Health, Bureau of EMS
- Pediatric Emergency Care Symposium – August 14<sup>th</sup>/September 18<sup>th</sup>
- Exhibitor Reception – August 14<sup>th</sup>/September 18<sup>th</sup>
- National Faculty plus 24 Pennsylvania educators
- Lunch-and-Learn Session with Bureau of EMS, with 158 attendees in total
- Opportunity for professional networking among EMS providers
- Exhibitor Reception – August 14<sup>th</sup>/September 18<sup>th</sup>



## Pennsylvania's 37<sup>th</sup> Annual EMS Conference, cont.

**EMS Conference Summary & Comparison**

	2012	2013	2014	% Change
<b>Multi-Day General Conference</b>	276	321	250	(22%)
<b>Single-Day General Conference</b>	47	77	64	(17%)
<b>Exhibiting Organizations</b> <i>(includes pediatric symposium exhibitors)</i>	56	43	44	2%
<b>Registered Nurse Attendance</b>	35	28	33	15%
<b>Total Attendance</b>	<b>392</b>	<b>441</b>	<b>441</b>	<b>0%</b>

*Note:* A full conference summary is available upon request.

### Conference Participant Demographics

- 95% of respondents indicated plans to attend again next year.
- 55% of respondents are paid to work in EMS, while 31% solely volunteer.
- Attendees ranged in age from 18 to 77 years. The average age was 48.
- 52% 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.
- BLS providers (197) outnumbered ALS providers (188)

### Session Summary

- 28 Sessions Total
- Attendees could receive up to 21.5 hours of Continuing Education
- All sessions were approved for Nursing Continuing Education

### Conference Participant Feedback

At the conclusion of the program, all participants were sent an electronic survey and feedback form via e-mail, which was available to participants for two weeks from the final day of the conference. This survey provided the opportunity for attendees to evaluate the overall program, facilities, activities, and individual education sessions. In addition, attendees were asked certain demographic questions as well as questions of their individual role within the EMS system. A sample of comments: "Good facility with easy access and parking. Food was good and the conference was well attended" and "I thoroughly enjoyed the conference, everyone did a terrific job, all went very smoothly and [sessions were] very informative. Great speakers and vendors, too!"



## Professional Development & Outreach

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### *Summary of Regular Meetings Attended by PEHSC Leadership & Staff*

- 2014 Pennsylvania Fire & Emergency Services Institute Annual Dinner and Pennsylvania State EMS Awards Presentation
- National Community Paramedicine Webinars
- 2014 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
- NEDARC Workshop/Meetings
- HRSA EMSC Town Hall Conference Calls
- HRSA/University of Pittsburgh SPROC
- PA Safe Kids Meeting
- American Academy of Pediatrics Meetings
- Atlantic EMS Council and EMSC Council Meetings
- Volunteer Loan Assistance Program Meetings, monthly
- EMSI Conference
- PA Agricultural Safety Advisory Board meetings
- Pennsylvania Trauma Systems Foundation Board of Directors Meetings
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings

### *Council Membership Communication*

Throughout the course of the Fiscal Year, the PEHSC provided the Council with 26 alerts to members on information pertinent to the EMS system. Additionally, PEHSC provides routine updates on changes to the EMS system, as well as releasing all information passed along by the Department of Health on topics related to legislation, rules and regulation, protocols, equipment lists, scopes of practice, and medication lists.

## Professional Development & Outreach, continued

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### *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*

The PEHSC website has been updated with a new sleek, clean look. The main PEHSC website and the Pennsylvania EMS Info website were merged during this update to provide easier access to information. The website has over 25,000 visitors looking for resources and information about the Council and its activities annually. The PEHSC also maintains a public website, [www.pa-ems.org](http://www.pa-ems.org), to assist in the collection of requests for people interested in starting an EMS career. The site provides basic information about education and the certification levels. It also provides a response form so Council staff can link prospective students to regional EMS council offices. On average, staff processes about 10 requests per week for information to the appropriate regional offices.

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### *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 27, 2015*

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