



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

PEHSC BOARD OF DIRECTORS MEETING
The Conference Center at Central Penn College
Wednesday, June 14, 2017- 10:00 am

Minutes

BOARD MEMBERS PRESENT

Allegheny County EMS Council – Douglas Garretson
Allegheny General Hospital – David Lindell
Ambulance Association of PA – Donald DeReamus *
Center for Emergency Medicine of Western PA – Walt Stoy, Ph.D.
Cetronia Ambulance Corps. – Christopher Peischl
Cumberland Goodwill EMS – Nathan Harig
Emergency Nurses Association – Kay Ella Bleecher
First Aid and Safety Patrol – Anthony Deaven
Harrisburg Area Community College – Robert Bernini
Highmark, Inc. – Robert McCaughan
Horsham Fire Company No. 1 – Duane Spencer
Lehigh Valley Health Network – Joel Calarco
Main Line Health – Christopher Knaff
Non-Profit Emergency Services of Beaver County – Steve Bailey
Northwest EMS Inc. – Scott Kingsboro
Penn State Milton S. Hershey Medical Center – Steven Meador, MD
Pennsylvania Fire and Emergency Services Institute – Donald Konkle
Pennsylvania Fire and Emergency Services Institute – Robert Timko
Pennsylvania State University – J. David Jones
Pennsylvania Trauma Systems Foundation – Juliet Altenburg, RN
Philadelphia University – Jean Bail, RN, Ed.D.
Reading Health System – Mervin Wertz
Second Alarmers Association and Rescue Squad of Montgomery Cty. – Ken Davidson
Seven Mountains EMS Council – Tim Nilson
Valley Ambulance Authority – Melvin Musulin*
VFIS/Education and Training Services – William Niehenke

* FY 2016-2017 Board Members

COUNCIL MEMBERS PRESENT

Burholme EMS – Tim Hinchcliff
Burholme EMS – Blake Bradley
Chester County Department of Emergency Services – Harry Moore
Chester County EMS Council, Inc. Leo Scaccia
City of Allentown EMS – Eric Gratz
Eastern Lebanon County School District- Donald Kilheffer
Eastern PA EMS Council – Jason Smith
Emergency Health Services Federation, Inc. (EHSF) – Michael Reihart, DO
Myerstown First Aid Unit – David Kirchner
Pennsylvania Athletic Trainers Society – Robert Shank, Ed.D
Philadelphia Regional EMS Council – Raymond George
Tioga County – John Getty
Uwchlan Ambulance Corps. – John Applegate

BEMS STAFF

John Englert

PEHSC STAFF

Janette Swade, Director

Thomas Winkler

Angie Poorman

Patricia Morrison

OTHERS

Centre Life Link EMS- Kent Knable

Seven Mountains EMS Council – Kimbra Shoop

CONVENE 16-17 BOARD OF DIRECTOR'S MEETING

Mr. Jones, President, began the meeting at 10:07 am.

WELCOME/INTRODUCTIONS

Mr. Jones asked everyone to introduce themselves.

APPROVAL OF MINUTES

A motion was made by Mr. Deaven and seconded by Ms. Bleecher to approve the previous Board meeting minutes of March 21, 2017. (Motion passed.)

PRESIDENT'S REPORT

Mr. Jones, President, gave the following report:

- Mr. Jones asked for a moment of silence for Mike Murphy from PennStar.
- Mr. Spencer gave an overview of the EMS Bike Ride saying that it was a great time and they had lots of people from Pennsylvania showing their support.
- The TRAIN PA system is up and running.
- Mr. Jones attended the recent 911 Board Meeting. He said the fund is doing well at \$317 million last year. They will be doing periodic fly overs to keep the maps updated. Rep. Soloby asked for \$268, 000 to interface CAD systems with PennFirs.
- Our letter to the Department requesting 1/12th payments was denied.

EXECUTIVE DIRECTOR'S REPORT

Ms. Swade, Executive Director, provided the following report:

- Welcome to our new meeting location.
- Please take time to review the posted documents prior to the meeting.
- We are using FaceBook, more and more as a means of communication.
- Welcome to Angie Poorman. She will be moving into the EMSC Project Director position when Tom Winkler leaves in July to attend Johns Hopkins for a Masters in Nursing degree.
- The PEHSC office was broken into sometime over the Easter weekend. A Nest camera has been installed.
- We received a letter from the IRS that our form 990 was not filed on time. Our CPA will absorb the fine if needed.
- We are waiting for the FY 17-18 budget from the Department. The EMSC Grant is currently only funded at 54%. EMSC long term funding is at risk.
- We received proclamations from the House and Senate for EMS Week. Nothing from the Governor's Office.
- Ms. Swade is the Pennsylvania NAEMT Coordinator. She encouraged everyone to join. Members are offered a 10K life insurance policy with no medical requirement.
- The Replica Project has been resubmitted to the Department.
- Health & Human Services Reorganization – Stakeholders meetings have been held recently. Teresa Miller is slated to be the HHS Director. We are trying to schedule a meeting with her. There will be more Deputy Secretaries in the new model with Preparedness and Public Health.

Mr. Deaven spoke about a Line of Duty Death that occurred in March. The State has denied benefits. The definition states that a person must be a volunteer or municipal employee to be eligible for LODD benefits. Regular EMS Staff are not covered. Discussion followed and a subgroup was established.

TREASURER’S REPORT

In the absence of the treasurer, Dr. Roth, Mr. Deaven provided the following report:

PEHSC – FY 2016-2017

ACCOUNT	ACCOUNT DESCRIPTION	CASH BALANCE AS OF:						
		7/31/2016	8/31/2016	9/30/2016	10/31/2016	11/30/2016	12/31/2016	1/31/2017
Contract Fund	2016-2017 Contract Amount \$538,224.00	69,683.92	87,115.84	143,726.20	106,589.84	101,581.11	47,742.53	99,499.18
Payroll Account	Transfer Account	8,509.94	6,735.02	4,226.87	20,250.04	11,644.79	8,099.57	2,631.76
Investment Income Fund	Income from Previous Investments HRA	14,495.65	14,417.54	14,345.06	14,295.33	14,235.45	13,825.51	13,825.63
Secondary Income	Conference & Secondary Income	74,733.36	52,962.09	66,634.41	46,448.78	31,307.64	31,272.90	31,238.17
Investment Funds transferred to PAEMSA 8/2015	Monthly Dividends into Balance	222,246.02	222,641.03	223,131.60	220,549.36	220,616.70	223,089.40	224,897.95
		CASH BALANCE AS OF:						
ACCOUNT	ACCOUNT DESCRIPTION	2/28/2017	3/31/2017	4/30/2017	5/31/2017	6/30/2017		
Contract Fund	2016-2017 Contract Amount \$538,224.00	92,963.44	77,471.22	102,859.18	60,635.39			
Payroll Account	Transfer Account	3,503.93	3,864.08	4,452.02	5,103.95			
Investment Income Fund	Income from Previous Investments HRA	13,597.38	13,527.48	13,527.59	13,115.12			
Secondary Income	Conference & Secondary Income	30,773.28	30,906.06	32,363.75	34,028.77			
Investment Funds transferred to PAEMSA 8/2015	Monthly Dividends into Balance	228,386.07	228,960.15	230,336.11				

Ms. Bleecher motioned and Dr. Meador seconded to accept the Treasurers Report. (Motion passed.)

(The Treasurer’s Report is on file for members to review.)

DEPARTMENT OF HEALTH

Mr. Englert provided the following report:

NEMSIS - The vendor that is being administered by EMMCO West is actively working on being ready to accept NEMSIS 3.4 compliant data on July 1, 2017. A communications document regarding the vendor is with our legal office right now and will be to you in the very near future prior to our distribution. For EMS Agencies our plan is to give them until December 31st 2017 to become compliant with 3.4 reporting.

There was a distinct separation of what the NREMT requires, in comparison with the Pennsylvania requirements for EMS provider reregistration/recertification requirements.

Just to let you know, the Scope of Practice and the Medications List were published in the Pennsylvania Bulletin on Saturday, June 10, 2017, with the Equipment List scheduled for publishing on Saturday, June 17, 2017.

The following courses are available on TRAIN PA:

- 2017 PA Department of Health Statewide Basic Life Support (BLS) Protocols – **CORE REQUIREMENT** for all levels of PA EMS Provider - CE Course # 009110 – 1.0 hours of Clinical Patient Care
- 2017 PA Department of Health Statewide Advanced Life Support (ALS) Protocols – **CORE REQUIREMENT** for all Advanced Emergency Medical Technicians (AEMTs) and all EMS Providers above the level of AEMT - CE Course # 009111 – 1.0 hours of Clinical Patient Care
- Naloxone Administration for EMR and EMT [Optional] - CE Course # 007622 – 1.0 hours of Clinical Patient Care
 - o This course is required for BLS EMS Agencies (QRS or ambulance) who carry Naloxone and have received EMS Agency Medical Director approval.
- Blood Glucose Monitoring for BLS [Optional] - CE Course # 009243 – 0.5 hours of Clinical Patient Care
 - o This course is required for BLS EMS Agencies who have their EMS Agency Medical Director's approval, and have obtained a CLIA License or Certificate of Waiver.
- Excited Delirium Protocol 2017 [Optional]— CE Course # 009244 – 1.0 hours of Clinical Patient Care
 - o This course is required for ALS EMS Agencies with regional EMS council and EMS Agency Medical Director approval

Additionally, all 2017 PA Department of Health Statewide BLS, AEMT, and ALS Protocols, quizzes, and PowerPoint/lesson plans have been added to SharePoint for retrieval by the regional EMS councils. Also, all 2017 PA Department of Health Statewide BLS, AEMT, and ALS Protocols have been sent to Communications, along with an EMS Information Bulletin, for posting approval to the Department of Health Website. An RC Memo has also been sent for signature and will accompany the Protocol PowerPoints and Lesson Plans to the regions, via SharePoint. More to follow. Discussion followed.

TASK FORCE/COMMITTEE REPORTS

Medical Advisory Committee – Dr. Reihart, Chair, provided the following report:

The medical advisory committee met on April 26, 2017 and offer the following report, including three (3) recommendations for the board's consideration.

- I. Dr. Alvin Wang, Montgomery County Deputy Regional Medical Director, provided an overview of the online education program associated with the new optional excited delirium protocol, which will be published as part of the 2017 protocol update. The program will take approximately 50 minutes to complete and includes a 16 question post-test.
- II. Dr. Mike Reihart, EHSF Regional Medical Director, presented a pilot program on vascular access utilizing sternal intraosseous insertion. Sternal IO has been used successfully in both EMS and military applications for several years. It is an easy procedure to perform and provides a good rate of infusion. The pilot will be performed in the Lancaster area and have a target of 50 adult insertions. The MAC voted to send a letter of recommendation to the Bureau of EMS.
- III. The MAC continues to research and discuss viable alternatives to the epi autoinjector for BLS. The committee reviewed samples of two different kits at the meeting and generally likes the concept. One kit is from a pilot project running in New York State. Several members expressed a desire to research the availability of a special syringe that would only allow a predetermined amount of medication to be drawn up. The MAC will continue to work on this project and report its progress.
- IV. Dr. Greg Hellier, an emergency physician and member of the EMSI Regional MAC, presented the committee with a position paper from EMSI on the demand for critical care transport services and the lack of available resources in many parts of the state. EMSI proposes amending the current paramedic scope of practice to permit additional skills when critical care transport resources are unavailable or unacceptably delayed. Specifically, monitoring blood administration, chest tubes and difficult airways. While the committee acknowledges paramedics with additional education can perform these skills, they expressed concern for patient and provider safety and mused whether exploring the root cause of this situation might be more appropriate. The MAC will form a working group comprised of representatives from PEHSC MAC & CCT, HAP, PTSF, EMSC, ACEP, ENA and EMS agencies to discuss the issue and provide the MAC with recommendations.

- V. Dr. Duane Siberski, Eastern Region EMS Associate Medical Director, presented work product from the special operations workgroup on recommendations for the tactical paramedic. Tactical EMS is defined in the EMS regulations and includes an expanded scope of practice for providers completing Department approved education. The document recommends 1) educational objectives 2) scope of practice 3) medications list and 4) several best practices. Following the Department's acceptance of the recommendations, the group will begin Phase 2 of the project, when statewide treatment protocols will be developed.

A motion was made by Mr. DeReamus and seconded by Mr. Musulin to approve VTR #0617-01 which recommends: The Pennsylvania Department of Health should accept the recommendations contained in the attached document related to implementing a tactical EMS program in Pennsylvania. (Motion passed.)

- VI. Mr. Don Scelza, a member of the special operations workgroup, presented work product from the special operations workgroup on recommendations for the wilderness EMT. Similar to tactical EMS, Wilderness EMS is defined in the EMS regulations and includes an expanded scope of practice for providers completing Department approved education. Unlike the tactical program, Wilderness EMS may include providers who are certified at both the basic and advanced life support level. For this reason, it was necessary to perform a baseline educational gap analysis based on certification type, which will assist course sponsors in determining what foundational information will be required for BLS providers for certain skills.

The document also recommends 1) scope of practice, 2) medications list and 4) several best practices. Following the Department's acceptance of the recommendations, the group will begin Phase 2 of the project, when statewide treatment protocols will be developed.

A motion was made by Mr. Wertz and seconded by Mr. Musulin to approve VTR 0617-02 which recommends: The Pennsylvania Department of Health should accept the recommendations contained in the attached document related to implementing a wilderness EMS program in Pennsylvania. (Motion passed.)

- VII. Dr. Crawford Mechem, Philadelphia Regional Medical Director, recommended the removal of the cricothrotomy set and pediatric intubation equipment from the list of required equipment and supplies for ALS vehicles; both would become a medical director option. Cricothrotomy is a low frequency, high risk procedure that some medical directors may not feel is appropriate or necessary for their agency, particularly with the availability of supraglottic airway devices.

In our protocols, pediatric intubation is not a priority if the airway can be maintained by BLS means. With the approval of the i-Gel airway device, pediatric supraglottic airways are now an available option.

Several members of the committee expressed concern that removing the requirement for pediatric ALS airway equipment also impacts a provider's ability to relieve an airway obstruction by direct visualization. It was suggested that Dr. Kim Roth, our EMSC Project Medical Director, be consulted on this issue. One a subsequent conference call, Dr. Roth, in consultation with the EMSC, recommended that peds intubation equipment NOT be removed from the required equipment list. Based on Dr. Roth's expert advice, this equipment item will not be recommended for removal.

A motion was made by Dr. Meador and seconded by Mr. Niehenke to approve VTR# 0617-03 which recommends: that the Pennsylvania Department of Health remove the cricothrotomy set from the list of required equipment and supplies for ALS vehicles. (Motion passed with one nay from Mr. Calarco.)

Critical Care Transport Task Force— Mr. Spencer, Chair, provided the following report:

The Task Force met on March 31st at Seven Springs in conjunction with the EMS Update 2016 conference.

The statewide critical care transport task force convened its annual meeting on March 23rd at the Seven Springs Resort in conjunction with the 2017 EMS Update Conference and offers the following report:

- I. The final draft recommendations related to additional education for PHRNs who are working in air or ground critical care transport was presented. Just as a refresher, PA EMS regulations require at least one crew member on a ground critical care or air ambulance to have completed additional education approved by the Department in CCT.

Compliance to the regulation can be accomplished in one of three ways:

1. Complete a Department approved course in ground or air transport; this is the same course that was designed and approved for the paramedics, or;
2. Possess current national certification as a certified flight registered nurse or certified transport registered nurse, or;
3. Possess national certification as a certified emergency nurse or critical care registered nurse and complete a Department approved bridge-course in topics related to ground or air transport. PEHSC provided the Department with recommended educational objective for the bridge courses.

VTR #0417-01, which has been included in today's meeting packet, was approved by the PEHSC Executive Committee on a request from the Department to accelerate the process due to pending guidance requests from the regulated community.

- II. As was previously mentioned during the MAC report, the critical care transport task force discussed the concerns expressed by the EMSI MAC regarding a lack of critical care transport resources in some parts of the state, which can result in delays in patient transfer to tertiary care facilities.

The task force acknowledges the issue exists in some parts of Pennsylvania and is committed to working with stakeholders to develop a short and long-term strategy to address the problem. The EMSI MAC has published a position paper that advocates for episodic expansion of a paramedic's scope of practice as a stopgap measure until such a time when more critical care transport resources are available.

The members discussed the need for an approach that balances timely patient transfers with patient and provider safety. While there is no doubt paramedics can receive additional education to safely monitor stable patients receiving certain treatments, there is concern that a hospital, in their efforts to transfer a patient, may attempt single paramedic transfer a patient that requires a higher level of care. How do we differentiate the stable patient vs. the [potential] unstable patient whose condition requires a higher level of care?

We also need to take care not to undermine the new ground critical care transport program while it is still in its infancy. With the publication of ground critical care transport agency standards, organizations are now able to determine if this is a viable service line for their area.

Part of the long-term strategy needs to include hospitals, who frequently find themselves in this situation, engaging in strategic planning to determine if CCT resources can be developed in-house or in partnership with the local ALS agency. While EMS should be at the table when a hospital explores their options and to the extent possible, should be part of the solution; however, we cannot allow hospitals to transfer the burden of solving this problem solely onto the EMS system.

EMS for Children Advisory Committee- In the absence of the Chair, Mr. Stuart, Mr. Winkler provided the following report:

Josh is on vacation and sent his regards.

The Pennsylvania EMS for Children Advisory Committee met on June 1st, 2017. Here is a brief summary of discussions and ongoing projects from that meeting:

EMSC Funding

- With the passage of the Consolidated Appropriations Act of 2017, the federal government approved funding for the remainder of the current fiscal year, with level funding for the EMS for Children Program. Therefore, we are expected to receive the remainder of our grant for this current grant year. For the upcoming fiscal year, President Trump's proposed budget completely eliminates funding for the EMS for Children program. We believe that this would be an obvious detriment to the overall EMS system, and remain optimistic that Congress continues to support the program. We have received national support from a variety of organizations including ACEP, AAP, Save the Children, and others.

Safe Transport of Children

- The Pennsylvania EMSC Program is represented on the national Safe Transport of Children Committee. This committee's ultimate goal is to develop and test safety standards for pediatric restraint devices in ambulances. The committee very recently released an interim guidance document that can be found by visiting:

<https://www.nasemso.org/Committees/STC/documents/Safe-Transport-of-Children-by-EMS-InterimGuidance-08Mar2017-FINAL.pdf>.

- [We will be releasing this and a product list in the near future when they are approved by NASEMSO.](#)

Pediatric Pitfalls

- We hosted a Pediatric Pitfalls course in Leighton in May and had great attendance, and will again be hosting later this month in the Pittsburgh area. This course is offered by nationally-awarded instructor Scott DeBoer and received excellent feedback.

CPS Technician Course

- EMSC and Pennsylvania Traffic Injury Prevention Project have partnered again to offer a CPS Technician course at no cost for EMS providers. This course will be held Uwchlan Ambulance Corps in Exton June 19-22, 2017. There are a few slots left for this course, so feel free to reach out for more information.

Pediatric Voluntary Recognition Program

- We are up to 173 EMS agencies recognized under the PVRP. The Program continues to receive applications, and we are anxiously awaiting approval from the Department of Health to implement the recommended changes for 2017.

Pediatric Intubation Equipment

- At our most recent Advisory Committee meeting, the question was raised by Dr. Kupas as to whether or not pediatric intubation equipment should remain as required on ALS EMS vehicles or should be optional. The Committee overwhelmingly support maintaining the requirement for the equipment, noting that, while intubation is deemphasized, there are still specific instances where pediatric intubation may be the only option, such as in a foreign body obstruction, some burns, and for use during Mass Casualty Incidents. Dr. Kupas stated that the updated Equipment list had already been sent for publishing in the PA Bulletin with the pediatric intubation equipment removed; thankfully, the Bureau staff were able to pull it back in time to place pediatric intubation equipment back on the list, and we thank them for their assistance following the Advisory Committee meeting.

Communications Task Force –Mr. Musulin, Chair, provided the following report:

- The committee last met on April 27th.
- FirstNet has awarded AT&T a 6.5 million contract plus 40 million to roll out a network.
- Other states are putting out RFP's for other vendors.

Dr. Reihart raised the issue of police using encryption which prevents EMS from hearing call detail.

Membership Committee Report – Mr. Bernini provided the following report:

- Mr. Bernini presented four new applications for membership: Berwick Area Ambulance Association, Inc. for Affiliate Membership and Community Life Team, Forbes Hospital, and Jefferson Hospital for Council Membership.

Dr. Bail motioned and Ms. Blecher seconded to approve all four membership applications for membership.

(Motion passed.)

- Berwick Area Ambulance Association, Inc. – Affiliate Council member
- Community Life Team – Council member
- Forbes Hospital – Council member
- Jefferson Hospital – Council member

Nominating Committee Report – The Chair, Ms. Blecher, provided the following report:

- The Nominating Committee met by conference call on April 24th.
- Ms. Blecher read the following slate of candidates for the 2017-2018 Executive Committee:
 - President – J. David Jones
 - Vice-President – Anthony Deaven
 - Treasurer – Ronald Roth, MD
 - Secretary – Gregory Frailey, DO
 - Member-at-large – Douglas Garretson

- Member-at-large – Robert McCaughan The new Board of Directors will vote for the 17-18 Executive Committee when the meeting reconvenes.

ADJOURNMENT OF 2016-2017 BOARD MEETING

President Jones asked for a motion to adjourn the last meeting of the Board of Directors.

Dr. Meador motioned and Mr. Bernini seconded to adjourn the meeting. (Motion passed.)

A moment of silence was observed for Robert Meador of Mon Valley EMS.

CONVENE 2017-2018 BOARD OF DIRECTORS MEETING

Mr. Jones, President, convened the 2017-2018 Board of Directors meeting and thanked the following board members that are leaving, for all of their work. The Ambulance Association of Pennsylvania, City of Allentown, Columbia Quick Response, UPMC Presbyterian, Valley Ambulance Authority, and Volunteer Medical Service Corps. Of Lower Merion and Narberth. He also thanked all of the committees for all of the work that they do.

EXECUTIVE COMMITTEE NOMINATIONS

Ms. Bleecher read the slate of candidates for the Executive Committee FY 17-18 and asked for any nominations from the floor. Following no nominations from the floor, **Dr. Meador motioned and Ms. Altenburg seconded to close the elections.** (Motion passed.)

Dr. Meador motioned and Ms. Altenburg seconded to cast the ballot in the affirmative. (Motion passed.)

2017-2018 PEHSC Executive Committee:

- President – David J. Jones
- Vice-President – Anthony Deavon
- Secretary – Dr. Frailey, DO
- Treasurer – Dr. Roth, MD
- Member-at-Large – Douglas Garretson
- Member-at-large – Robert McCaughan

2017 Conference Update – Ms. Swade provided the following update:

- This year is the 40th anniversary of the PA State EMS Conference.
- Ms. Swade encouraged all members to support the conference by attending as a participant, a vendor or sponsoring an event.
- The September Board of Directors meeting will be held at the conference on September 20 from 3 to 5 pm. A social event will follow from 5-7 pm. Please R.S.V.P. to Patti Morrison if you are able to attend.

Community Heroes Day- September 16th -Penn State vs Georgia State. Ticket order forms are in the meeting materials. Please plan to attend. Ten dollars of each ticket purchased will benefit the National EMS Memorial Service.

ORGANIZATION REPORTS

Pennsylvania Trauma Systems Foundation- Ms. Altenburg provided the following update:

- March through August staff will be performing site surveys.
- In August the new trauma centers will be announced.
- There are currently 38 trauma centers.
- PTSF’s Fall Conference & Meeting is scheduled for October 29 – November 1, 2017.

Pennsylvania Fire & Emergency Services – Mr. Konkle provided the following update:

- SR 6 Resolution. The House and Senate are looking at the old SR60. The SR6 committee members will be announced in the next few weeks.
- Gaming may be approved by the House and Senate. 2.5 million will be split between fire and EMS.
- Treat but don’t transport still under consideration.
- Fireworks issue is back; there is a Bill to legalize. Representative Soloby supported it to receive funds for fire training.

Ambulance Association of PA- Mr. DeReamus provided the following update.

- HB 1013 – Treat but don't transport pending.
- HB 699 – 50% increase in medical assistance pending.

Ms. Swade encouraged everyone to send letters to their legislators about the medical assistance increase and the need for systemwide funding. PEHSC is working with the Head Injury organization to help get additional funding by increasing fines for EMSOF.

ADJOURNMENT OF BOARD OF DIRECTORS MEETING

Following the business of the day, Dr. Meador motioned and Dr. Bail seconded to adjourn the Board of Directors meeting. (Motion passed)

Respectfully Submitted,

J. David Jones
President

JDJ/JS/pm

Please Note: Recommendations voted upon at meetings are reflective of the consensus of the group present at that meeting, and does not guarantee a policy or procedural change by the Pennsylvania Department of Health and the regional EMS councils.