



**PEHSC Board of Directors Meeting  
Wednesday, December 2, 2020  
Webinar 10:00 a.m.**

**Minutes**

**CONVENE BOARD OF DIRECTORS MEETING**

Mr. Jones, President, called the meeting to order at 1005 hours

- Welcomed the attendees

\* If you do not see your name on the roster, please let Kelli Kishbaugh know, and you will be added.

**BOARD MEMBERS PRESENT**

Ambulance Association of PA – Donald DeReamus/Douglas Garretson/Heather Sharar  
Burholme EMS – Timothy Hincheliff  
Center for Emergency Medicine of Western PA – Walt Stoy, Ph.D.  
Centre LifeLink EMS – Kent Knable  
Chester County Department of Emergency Services – Harry Moore/Leo Scaccia  
City of Allentown EMS – Eric Gratz/ Matthew Brett  
Cumberland Goodwill EMS – Nathan Harig  
Emergency Nurses Association, PA – Kay-Ella Bleecher, CRNP  
Good Fellowship Ambulance and Training Institute – Kimberly Holman, RN  
Harrisburg Area Community College – Robert Stakem, Jr.  
Hospital & HealthSystem Association of PA – Scott Mickalonis  
Lower Allen Township EMS – Anthony Deaven  
Main Line Health – Keith Laws  
Non-Profit Emergency Services of Beaver County – Steve Bailey  
Penn State M.S.H. Medical Center – Scott Buchle  
Pennsylvania ACEP – Gregory Hellier, DO  
Pennsylvania Fire and Emergency Services Institute – Jerry Ozog  
Pennsylvania State University – J. David Jones  
Pennsylvania Trauma Systems Foundation – Juliet Altenburg, RN/Anna Over  
Southern Alleghenies EMS Council – Carl Moen  
Tower Health – Mervin Wertz  
Valley Ambulance Authority – J.R. Henry  
Western Berks Ambulance Association – Anthony Tucci

**COUNCIL MEMBERS PRESENT**

Bucks County Emergency Health Services Council, Inc. – Michele Rymdeika  
Eastern PA EMS Council – Jason Smith/John Kloss  
St. Luke's University Health Network – Bryan Wilson, M.D.  
VFIS/Education & Training Services – Justin Eberly  
Volunteer Medical Service Corps of Lower Merion & Narberth – Alvin Wang, M.D.  
Wellspring York Hospital – Thomas Yeich, M.D.

## **BUREAU OF EMS**

Dylan Ferguson, Director

## **PEHSC STAFF**

Janette Swade, Director

Donald Potter, Jr. EMS System Specialist

Andy Snavely, EMS System Specialist

Duane Spencer – EMSC Manager

Kelli Kishbaugh, Administrative Assistant

## **APPROVAL OF MINUTES**

**A motion was made by Mr. Tucci and seconded by Mr. Knable to accept the September 16, 2020 Board of Directors meeting minutes as drafted. Motion carried.**

## **PRESIDENT'S REPORT**

J. David Jones reported the following:

Richard Boland, one of the original City of Pittsburgh paramedics and co-founder of the Pittsburgh CISM Team died in September. Rich was a supporter of prehospital care and development of the CISM programs.

Updates:

- Based on a recommendation from the PEHSC Education Task Force, EMSIP#2020-28 BLS Psychomotor Examination removed long spine board immobilization and short spine board immobilization from the exam in its entirety. The Bureau accepted that recommendation.
- EMSIB#2020-29 extended the expiration dates for CPR until June 30, 2021.
  - Director Ferguson stated that the Department has no plans to alter the crew requirements unless the declaration goes away.
- The EMSOF, Act 93 of 2020 increase bill was passed and goes into effect after 120 days from being signed. This doubled the fine from \$10 to \$20
- We received a letter from the Bureau requesting our help with putting together a task force to explore Rapid Sequence Intubation in the Commonwealth. A list of subject matter experts has been assembled and Dr. Greg Frailey will chair the task force. The task force will convene its first meeting after we receive confirmation from the Bureau.

## **TREASURER'S REPORT**

In Dr. Roth's absence, Tony Deaven provided a report, a copy of which is on file for the members' review.

**A motion was made by Ms. Bleecher and seconded by Mr. Wertz to accept the Treasurer's report. Motion carried.**

## **Audit Report for PEHSC**

Mr. Furjanic, CPA reported

- A copy of the audit report is provided for view. As you review the report, you may notice some new disclosures and if you do not understand the terminology or have any questions, you can email Director Janette Swade.
- No major changes to any accounting policies. There is no disagreements or difficulties with management. We discovered no misstatements to correct, no other accountants were involved in

this work and found no other matters that I need to bring to the Board. The staff was cooperative and there were no other issues.

- I have issued my formal letter to Director Swade and you can contact her to view this letter.
  - Director Swade informed everyone that this has been accepted by Executive Staff and has been submitted per the deadline to the Department.

### **EXECUTIVE DIRECTOR'S REPORT**

Director Swade reported on the following:

- There has been some conversation about the Volunteer Loan Assistance program fund to help balance the budget. Remember there is the ability of the Legislature to balance the budget with funds they view as not restricted and the EMSOF fund is also one of those funds. They have done this in the past.
- For those of you who are involved in the Grant Program, mark your calendar for December 11, 2020. That is the date that the Fire Commissioner site will release the guidance.
- President Jones did mention Act 93, which is the EMSOF fund increase and there has been some additional movement here. The Rehab-Head Injury Groups reached out to PEHSC about some education that needs to be given to the local municipalities and district justices to stop waving these fines. We are in partnership with them to do a little bit of education and also, Act 93 contained a provision to authorize the Legislative Budget and Finance Committee (LB&FC) to conduct an audit of EMSOF surcharge collections.
- PEHSC sent out an announcement that December 14 is the comment period for the National EMS Education Standards. That is at EMS.gov and there is an online form there to make comments.
- In federal legislation there is not a lot happening but:
  - there is an effort to start counting EMS providers in the nation. This will be good information from the look at attrition. A representative from Pennsylvania was involved and signed onto this legislation. It is called EMS Counts Act of 2020.
  - there has been some more movement with REPLICA. The REPLICA Commission would like to see Pennsylvania become a participating state. At this point there has not been a great deal of interest in this initiative, however the Commonwealth should take another look at the requirements to estimate what if any impact this would have on our EMS system.
- In your packet today, you will see a survey that PEHSC prepared on Best Practices regarding Crew Quarters. There is some good results to help you with social distancing and other guidance that might not just be from the CDC. Feel free to share that information.
- The DOH contract funding at PEHSC has been cut significantly as you know. Staff did a great deal of searching for a smaller and cheaper office location, but once we put our notice into our landlord, they matched that price for the rest of the fiscal year. We have made some other drastic changes including a reduction in phone lines and the loss of the 1-800 number. We are adjusting well though.
- PEHSC received the EMSC Telehealth Grant. The amount is about \$46,000 and the grant period is until June 2021.
  - Duane Spencer gave a brief summary of the grant:
    - Evaluate the impact of public health crises on children and youth with special healthcare needs (CYSHCN).
    - Assess telehealth capacities across Pennsylvania.
    - Improve access to emergency pediatric services, particularly in rural areas, through the use of telehealth.
    - Grant was award to Pennsylvania, Oregon, Wisconsin, Utah, Kansas, Rhode Island, and Vermont.

- Andy Snavely will be the lead on this. There is a lot to do in a very short time.
- Bureau of Health requested our assistance with the CISM Program. With the mental health bill passing, there is a component in there to look at the team's criteria. Director Swade has a call this month and will probably start the team in January. If your department has a CISM team and it is not listed on our website, please let staff know.

## **DEPARTMENT OF HEALTH REPORT**

Director Dylan Ferguson reported on the following topics:

- COVID-19 update:
  - currently there are 4,744 individuals hospitalized across the Commonwealth. Bed available has become a hot button topic. This is not spread out equally amongst the regions of course, so some hospitals are very overwhelmed. Yesterday the count was 5,662 new cases and it looks like there will be a significant increase reported for today.
  - EMS volumes have stayed relatively stable statewide. We are hearing though, that the number of COVID-19 patients that are being transported has increased.
  - PPE reminders: please push any outstanding resource requests to your regional county managers. It is also important to try alternate suppliers. There is a lot of supplies that are backordered.
  - For the Advanced Life Support agencies, if you have not begun to see shortages or restrictions place on orders for needles and syringes, you may start to see this soon because of the vaccine rollout.
  - You may have seen the CDC's guidelines for the COVID-19 vaccine. There are a few phases for the vaccine (1A and 1B). Healthcare workers are listed in phase 1A and that will include medical personnel that are actively providing emergency services and they are listed in phase 1A. The Federal Government did make a few changes to the vaccine guidelines, which moved people over the age of 65 living in long term care facilities from phase 1B to phase 1A along with staff at those facilities. This change is because of the rise in deaths at these facilities.
  - We do not have a definitive timeline on when we can get the vaccines out to people, but we are working on a plan to get these vaccines to individuals that are outside their hospital or healthcare network. There are a variety of contingency strategies that are ready to go in the event there are capacity issues.
  - The Department fully intends to add the EUA code to the medication lists for Paramedics to enable them to assist in the COVID effort and working on the training for those Paramedics to administer the vaccine. The Department took the H1N1 presentation and is updating it with COVID information and updates in general. Hoping to have this out in the near future.
  - Logistically there might be some challenges with the vaccine regarding shipping and storing it. Especially with the ultra-cold storage for the vaccine.
- Ronald Henschel left our office to go with a Health Care Coalition in North Carolina. Director Ferguson will be primary TRAIN PA contact and superuser until further notice. We wish Ron well.

Questions asked to Director Ferguson:

- Director Swade asked if fire service personal will be included in phase 1A for the vaccine? She also stated to draw attention to that we do have active fire fighters that are not certified but do go on active medical calls.
  - Director Ferguson answered that if fire fighters are also EMS providers, then they would be able to get the vaccine. It will only be medical services personal that will be in group 1A. Law enforcement officers and other types of first responders that do not have a healthcare roll, will be in a different phase of the vaccine. Director Ferguson stated that

he will take the information back to the Department about fire fighters that are not certified but are on active calls.

- Mr. Tucci asked about procuring some needles/syringes for EMS since there may be a shortage?
  - Director Ferguson answered that he does not have anything stating that there is a shortage, but just wanted to put it on the radar that there might be.
- Mr. Tucci also asked about the current vaccination plan listed on Department of Health's website that was listed but is currently not there now. Will this link or a new link go back on?
  - Director Ferguson stated that yes, a link will be back out there which is being revised right now.
- Mr. Harig asked if a provision could be made allowing EMT's to administer the vaccine? If Paramedics and even Advanced EMT's are the only ones allowed to administer the vaccine, that is only 7,000 individuals and they are getting burnt out. If EMT's would be allowed, that would get you up to about 37,000 that could administer the vaccine.
  - Director Ferguson appreciates his thoughts and will keep every option on the table. The Federal Government is driven by the Pharmacy model. We are probably months away for full mass vaccinations.
- Ms. Holman asked about the Psychomotor VTR regarding the training or institutes doing their own psychomotor testing?
  - Director Ferguson stated that he does not have any updates right now on the testing. He will get updates out when he can.
- Director Ferguson wanted to thank everyone for all the work you are doing every single day. Keep looking out for each other.

## **TASK FORCE/COMMITTEE REPORTS**

### **Medical Advisory Committee**

Dr. Wang reported the following:

The medical advisory committee met virtually on November 11<sup>th</sup> and offers the following report to the board of directors.

#### **Proposed DEA Regulations:**

- a. The DEA has published proposed rulemaking in the Federal Register to address EMS as it relates to controlled substances. This is part of the "Protecting Patient Access to Emergency Medications Act of 2017."
- b. In reviewing the proposed regulations, a concern was raised regarding local agency vs. statewide protocols.
  1. Although Section (G) (1) states, "Standing orders that are developed by a state authority may be issued and adopted by the medical director of an EMS Agency." It continues on to say, "Under the Act and proposed regulations, only the medical director of an EMS agency is given authority to issue and adopt a standing order."
  2. This could, in effect, require each EMS agency medical director to formally adopt PA statewide treatment protocols or, in opposition to state regulations, authorize the development of agency-level standing orders that involve the administration of a controlled substances.
- c. The MAC recommends the board submit a recommendation to the DEA, through the comment process, to allow the use of statewide protocols without the need for formal local adoption and add language to address local protocol development when prohibited by state regulations.

#### **2021 Statewide Protocol Review:**

- a. Dr. Kupas led the committee in a review of the first draft of the updated BLS protocols. 24 protocols were reviewed that either contained proposed changes or had notes for which Dr. Kupas asked for the MAC's input.

- b. There will be a special MAC meeting on December 11, 2020 @ 1300 hours to continue the review process for ALS and critical care.
- c. During this update cycle, the Council received 165 recommendations through its online stakeholder survey – the most we have ever received!

**CY 2021 MAC Meeting Dates:**

January 20<sup>th</sup>, April 14<sup>th</sup>, August 11<sup>th</sup>, and November 10<sup>th</sup>

- Mr. Potter stated about the important changes needed to change some language for consideration to the DEA.
  - Section (G)(1) related to standing orders: In Pennsylvania standing orders (statewide protocols) are issues by the Pennsylvania Department of Health. EMS Agency Medical Directors are not permitted to issue their own standing orders (protocols), nor are they permitted to alter a statewide protocol, except as may be permitted within a specific protocol.

Section (G)(1), as currently drafted, creates a conflict with Pennsylvania EMS statute and regulation. The Pennsylvania Emergency Health Services Council, who is the Pennsylvania Department of Health's advisory board on EMS related matters, recommends consideration of the following amended language:

Section (G)(1)

"Standing orders that are developed by a state authority may be issued and adopted by the medical director of an EMS Agency [OR BE AUTOMATICALLY ISSUED AND ADOPTED WHEN REQUIRED BY STATE STATUE OR REGULATION.]"

"Under the Act and proposed regulations, only the medical director of an EMS agency [OR STATE AUTHORITY] is given authority to issue and adopt a standing order"

**A motion was made by Mr. Harig and seconded by Mr. Wertz to accept the proposed comments to the DEA. Motion carried.**

**EMS for Children Project Report**

Mr. Spencer reported the following:

The EMSC Committee met by webinar on Thursday November 19, 2020.

- We are continuing to receive responses back from the PVRP survey and agencies identifying their Pediatric Emergency Care Coordinator. Some agencies contact information has been identified as incorrect and phone calls were made to obtain corrected information and PECC contacts. To date we have 11 agencies remaining who have not been able to be contacted or who have not responded. Several agencies have withdrawn or reduced their recognition level due to changes in personnel or industry challenges. As of November 11<sup>th</sup>, we have identified 69 new Pediatric Emergency Care Coordinators for the current fiscal year bringing our total to 169.
- Dr. Roth reported out on a review of the Pediatric Protocols completed by herself and several other Pediatric Emergency Medicine Physicians from across the State.
- The 2021 EMS for Children survey is planned for January 2021. Updates to agency contact information are being submitted to improve survey response rates.
- The 2020 National Pediatric Readiness Survey for Hospital Emergency Departments previously scheduled for June 2020 has been rescheduled to begin in May 2021. We are working on updating contact information of each Emergency Department.
- The committee continues to discuss issues related to COVID-19 and specifically around three topics; Multi-Inflammatory Syndrome in Children (MIS-C), return to school and mental health.

One key issue of discussion was EMS agency limitations on caregiver's accompanying children to the hospital and the impact on care and consent.

- The Pediatric Voluntary Recognition Program for FY 20-21 has 4 new agencies with another 3 in process of being recognized.
- The committee discussed ideas on how Pennsylvania can establish a Hospital Recognition Program as part of the EMSC Performance Measures. Several ideas from other states were presented and a sub-committee will be established to include EMSC Committee and other statewide partner agency representation to discuss and make further recommendations.

### **Critical Care Task Force**

Mr. Potter Reported:

The task force met on October 14<sup>th</sup> and offers the following report to the board, which today includes one (1) VTR.

**VTR# 1220-01** Recommends the Department of Health amend the air and ground critical care scope of practice to include finger thoracostomy for providers at or above the paramedic level.

- Finger thoracostomy is an alternative procedure for emergency decompression of a suspected tension pneumothorax. Studies suggest that needle thoracostomy inconsistently accesses the pleural space due to length and/gauge of needle used for the procedure.
- It allows for tactile feedback that the pleural space has been accessed and requires minimal equipment to perform this procedure.
- The procedure can be performed on either the anterior or lateral chest wall based on protocol or online medical command and does not involve the introduction on a tube or drain into the pleural space.
- Studies have shown improved success in reaching the thoracic cavity when the fourth or fifth intercostal space mid-axillary line is used instead of the second intercostal space mid-clavicular line in adult patients. ATLS now recommends this location for needle decompression in adult patients. Needle decompression can fail to improve clinical decompensation in patients who have hemothorax or in whom the angiocatheter has kinked. Performing a finger thoracostomy can ensure adequate decompression of the chest and eliminate tension pneumothorax as the cause of decompensation.

The task force, along with Dr. Kupas, discussed critical care recommendations received from the online PEHSC stakeholder survey; in total, 7 recommendations were reviewed. In addition to these recommendations, the task force developed a draft protocol to assist both ALS and BLS providers when caring for patients with ventricular assist devices. The protocol addresses assessment, treatment, and transport considerations for this special patient population.

As an offshoot of the protocol discussion, the members discussed the Department's current position on providers at or above the paramedic level performing RSI outside of the critical care transport setting. Currently only paramedics /PHRNs with critical care credentialing and working on a CCT vehicle or aircraft may perform this procedure.

Although performing RSI may not be appropriate for every ALS agency, there are ALS agencies that would be considered "high-functioning" that can support advanced practice procedures such as RSI. Many feels there should be a pathway identified for such agencies to advance their practice. A recommendation was made to consult with the Medical Advisory Committee on establishing a joint task force to further discuss this issue.

The next meeting of the critical care transport task force is tentatively scheduled for March, with a specific date and time to be determined. We anticipate this will be an online virtual meeting.

**A motion to accept was made by Mr. Harig and Mr. Garretson seconded the motion to accept VTR 1220-01. Motion carried.**

### **OTHER REPORTS:**

#### **Conference Update**

Mr. Snively reported the following:

- Total attendance was 974 during the live online conference and the recording after the live conference at the beginning of September. That is over three times the amount we usually have during an in-person conference.
- Overall feedback was positive. We had about 3,000 individual feedback surveys returned. 4.6 out of 5.0 was the overall rating.
- We are reposting the conference sessions until December 27, 2020.
- We are looking at moving forward with another virtual conference for late summer or early fall of 2021.
  - Mr. Wertz asked if we were thinking of reposting the sessions in January so people would be able to get their credits in for the end of March?
    - Mr. Snively offered to consider.

#### **EMS Awards**

Mr. Spencer reported the following:

- The awards ceremony was held virtual on Tuesday, October 13 at 1930 hours.
- This was live on Facebook and is posted on YouTube still for viewing.
- There is also a summary on our webpage.
- Thank you to our sponsors.

#### **SR6**

Mr. Jones reported the following:

- As mentioned early, we have had the EMSOF fee increased. In order for the system to benefit from the increase in the fine/surcharge, we need to understand how the funds are collected and determine if all available funds are being deposited in the fund account. There have been rumors that the EMSOF surcharge is sometimes being removed at the District Justice level, which is beyond their scope of authority.
- The County Commissioner's Association of PA is proposing legislation that would authorize the formation of a county-level EMS authority. This could be another tool in the toolbox to improve access to EMS, especially in rural areas.
  - There is a meeting scheduled for December 17, 2020 in Mechanicsburg that Mr. Jones is unable to attend, but Director Swade will be attending.

#### **EMS Survey**

Mr. Potter reported the following:

- PEHSC was asked by the Center for Rural Pennsylvania to provide technical assistance on designing a survey for EMS Services just like the one that was done for the fire service.
- The goal is to conduct the survey periodically and use the data to identify trends in operations, finance, or human resources.
- We do not have a release date from the Center for Rural Pennsylvania.



- PEHSC is just providing the technical assistance and not conducting the actual survey.

## **ORGANIZATIONAL REPORTS**

- PTSF: Ms. Altenburg from Pennsylvania Trauma Systems Foundation introduced Ms. Anna Over. Ms. Over will be the Manager of Trauma Center Development and she came from Cowley Shock Trauma Center in Maryland, where she was a trauma nurse and has an extensive EMS background.
- Ms. Altenburg also informed the Council that if they check out the Pennsylvania Trauma Systems Foundation website, you will see a map in the Resources category of which hospitals are pursuing accreditations right now. There are 12 hospitals total, five are pursuing level 2 accreditation and the remainder are pursuing level 4 accreditation. We will be starting a site surveys in June of 2021.
- AAP: Mr. DeReamus wanted it known that Representative Stephen Barrar from Delaware County retired this year.
- PFESI: Mr. Ozog wanted to echo the many comments that were already made regarding the SR6 legislation. He wanted to highlight the importance of the SR6 report, putting together of the documents, and the actual outcome. Mr. Ozog stated that the SR6 was brought up during many different levels from legislative, down to the county level. Please continue to communicate on setting some new priorities for the next session.
  - Mr. Jones added to keep in mind that hopefully we will get some legislation action on direct pay to be started up again and have some review of the reimbursement rates.
- VFIS: Mr. Eberly wanted to pass on that he is the training chair for the Traffic Incident Management and if anyone wants to get involved from the EMS side, to please email him.
  - Mr. Jones congratulated Mr. Eberly on getting the award for Harrisburg Young Professionals.

## **NEW BUSINESS**

- A list of the tentative board meeting dates was provided.
- Mr. Jones thanked the staff with managing all the challenges we have had this year.

## **ADJOURN BOARD OF DIRECTORS MEETING**

**A motion was made by Ms. Bleecher and seconded by Mr. Laws to adjourn the December 2020 Board of Directors meeting. Motion carried.**

**The next scheduled meeting of the PEHSC Board of Directors will be on Wednesday, March 17, 2021 at 10:00 am**