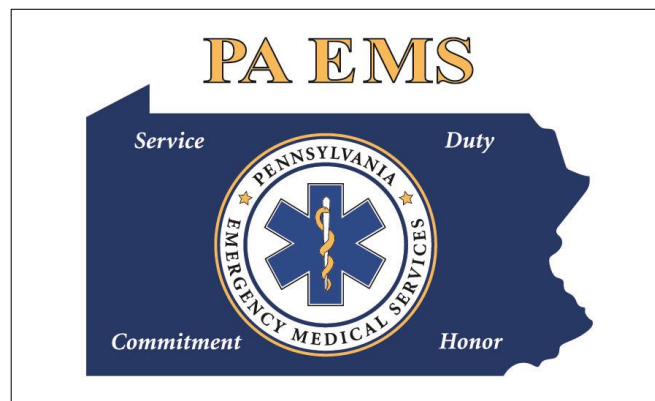


# Pennsylvania Emergency Health Services Council

*Your Voice In EMS*



**Fiscal Year 2013-2014 Annual Report**

# Table of Contents

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Mission, Vision, & Values .....	3
History, Funding, & Function .....	4
Council Membership .....	5
Affiliate Council Membership.....	7
Board of Directors .....	9
Executive Leadership & Council Staff .....	10
Financial Information .....	11
Recommendations to the Department of Health.....	12
Council Activities.....	17
<i>Emergency Medical Services for Children.....</i>	<i>17</i>
<i>Workers' Compensation Pool.....</i>	<i>19</i>
<i>Community Paramedicine / Mobile Integrated Healthcare Task Force.....</i>	<i>20</i>
<i>EMS Information Task Force.....</i>	<i>21</i>
<i>Education Task Force.....</i>	<i>21</i>
<i>Advanced Emergency Medical Technician Task Force.....</i>	<i>22</i>
<i>Critical Care Paramedic Task Force.....</i>	<i>23</i>
<i>State Plan.....</i>	<i>23</i>
<i>Rescue Task Force .....</i>	<i>23</i>
<i>Medical Advisory Committee .....</i>	<i>24</i>
<i>Narcan Working Group.....</i>	<i>25</i>
<i>Air Medical Taskforce.....</i>	<i>25</i>
Legislative Affairs .....	26
2013 Pennsylvania EMS Awards .....	27
2014 PEHSC Awards .....	28
Pennsylvania's 36th Annual EMS Conference .....	29
Professional Development & Outreach .....	31



# 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 104 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	Good Fellowship Ambulance & EMS Training Inst.
Allegheny County EMS Council	Harrisburg Area Community College
Allegheny General Hospital	Hershey Medical Center
Ambulance Association of PA	Highmark
American Heart Assn - Great Rivers Affiliate	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
Bucks County Emergency Health Services Council	Lawn Fire Co. Ambulance
Bucks County Squad Chief's Association	Lehigh Valley Health Network
Burholme EMS	Levittown-Fairless Hills Rescue Squad
Butler County Community College	LTS EMS Council
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	Pennsylvania ACEP
Cumberland Goodwill EMS	Pennsylvania Athletic Trainers Society
Danville Ambulance Service	Pennsylvania Committee on Trauma - ACS
Delaware County EHS Council	Pennsylvania Fire and Emergency Services Institute
Eastern Lebanon County School District (ELCO)	Pennsylvania Firemen's Legislative Federation
Eastern PA EMS Council	Pennsylvania Neurosurgical Society
Emergency Health Services Federation, Inc.	Pennsylvania Osteopathic Medical Association
Emergency Medical Services of Northeastern PA	Pennsylvania Professional Fire Fighters Association
Emergency Nurses Association, PA	Pennsylvania Psychological Association
EMMCO East	Pennsylvania Search & Rescue Council
EMMCO West	Pennsylvania Society of Internal Medicine
EMSI - Emergency Medical Service Institute	Pennsylvania Society of Physician Assistants
First Aid & Safety Patrol of Lebanon	Pennsylvania State Nurses Association
Fraternal Association of Professional Paramedics	The Pennsylvania State University
Geisinger-Lewistown Hospital	Pennsylvania Trauma Systems Foundation



## Council Membership, continued

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Philadelphia Regional EMS Council  
Philadelphia University  
Providence Township Ambulance  
Public Safety Training Associates  
Reading Health System  
Rehabilitation & Community Providers Assn.  
Second Alarmers EMS & Rescue Squad  
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 EHS Council  
Susquehanna Health System  
Susquehanna Regional EMS  
Tioga County EMS Council  
Topton A L Community Ambulance Service  
UPMC Presbyterian  
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



## Affiliate Council Membership

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This group is comprised of 138 organizations or individuals who are considered to be members of the Council without voting privileges.

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

## Affiliate Council Membership, continued

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Midway Volunteer Fire Company  
Mildred Ambulance Association  
Milmont Fire Co. EMS  
Mount Nittany Medical Center - EMS  
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  
Pennsylvania College of Technology  
Pike County Advanced Life Support  
Pleasant Volunteer Fire Department  
Pointe 2 Pointe Services Inc.  
Pomeroy Volunteer Fire Co. No. 1 Ambulance  
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  
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  
Stat Medical Transport, LLC  
Superior Ambulance Service  
Susquehanna Township EMS  
Temple Health System Transport Team  
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  
York Technical Institute LLC





## 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**  
 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  
 Emergency Nurses Association, PA Chapter  
 EMMCO East  
 EMSI - Emergency Medical Service Institute  
 First Aid & Safety Patrol of Lebanon  
 Harrisburg Area Community College  
 Highmark  
 Hospital & Healthsystem Assn. of PA  
 Lehigh Valley Health Network  
 Non-Profit Emergency Services of Beaver County  
 Northwest EMS Inc.  
 Pennsylvania ACEP  
 Pennsylvania Committee on Trauma - ACS  
 The Pennsylvania State University  
 Pennsylvania Trauma Systems Foundation  
 Susquehanna EHS Council, Inc.  
 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

Douglas Garretson  
 Donald Dereamus  
 Jennifer Ebersole  
 Walt Stoy, PhD  
 Chris Peischl  
 Bryan Fritz  
 Frank Splain, Jr.  
 Edward Engdahl  
 Kay Ella Bleacher, RN  
 Don Fortney  
 Thomas McElree, Esq.  
 Anthony Deaven  
 Rob Bernini  
 Robert McCaughan  
 Tom Grace, RN, PhD  
 Joel Calarco  
 Robert Lordo  
 Scott Kingsboro  
 David Blunk  
 Susan Baro, DO  
 J. David Jones  
 Juliet Geiger, RN  
 Timothy Nilson  
 Charles Stutzman  
 John Getty  
 Myron Rickens  
 J.R. Henry  
 David Bradley  
 Patrick Doyle  
 Steven Schirk, MD

### 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 13-14	FY 13-14*	FY 12-13
	Budget	Actual	Actual
<b>State Contract</b>			
Income	\$491,949.00	\$491,762.00	\$491,949.00
Expense		\$491,762.00	\$491,949.00
<b>EMSC Contract</b>			
Income	\$128,222.00	\$128,220.00	\$128,222.00
Expense		\$128,220.00	\$128,222.00
<b>EMS Conference</b>			
Income		\$108,080.00	\$126,516.00
Expense		\$89,628.00	\$104,172.00

\*Fiscal Year 2013-2014 amounts listed are pending year-end audit. Complete financial audits are available upon request to the Council.

### *Proclamation Signings*



Council President J. David Jones and Executive Director Janette Swade, with other Pennsylvania EMS statewide representatives and officials, joined Pennsylvania Governor Tom Corbett at the signing of the EMS Week & EMS for Children Day Proclamations for EMS Week 2014.

## Recommendations to the Department of Health

During the Fiscal Year, the Council developed a new method to make recommendations to the Department about matters pertaining to emergency medical services. Prior to Fiscal Year 2013-2014, all recommendations (excluding resolutions) were submitted to the Department by the Board of Directors via a submission called "Vote To Recommend (VTR)". This year, to improve and increase the flow of ideas to the Department, the Council introduced another submission format, entitled "Concept For Consideration (CFC)". While still in its infancy, the new format has been used multiple times by the Council membership to suggest ideas to the Department while leaving them open-ended for further development and direction. The table below explains the differences between the two formats.

Vote To Recommend (VTR)	Concept For Consideration (CFC)
Items the Board feel the Department needs to take action on (i.e. a proposal or the best practice to accomplish an identified goal)	Ideas that the Board would like to develop further if the Department expresses an interest in developing the ideas presented
Uses language in the recommendation such as "should"	Uses language that presents an idea or thought
Ideas are thoroughly developed and presented as a detailed proposal (i.e. to implement an idea, solve an identified problem, or improve a process)	Ideas are presented as a need statement with some rationale – will need further development if the Department expresses interest in the concept
May includes the following sections: <ul style="list-style-type: none"> <li>- Recommendation (i.e. "The Department should...")</li> <li>- Rationale</li> <li>- Medical Review</li> <li>- Fiscal Concerns</li> <li>- Educational Concerns</li> <li>- Plan of Implementation</li> </ul>	May include the following sections: <ul style="list-style-type: none"> <li>- Concept/System Need Statement (i.e. "PEHSC asks that the Department consider...")</li> <li>- Rationale</li> <li>- Next Steps</li> </ul>

*Note:* Documents referenced in any recommendation are available upon request to any Council staff member.

## Recommendations to the Department, continued

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

### *October 16, 2013 Board Meeting*

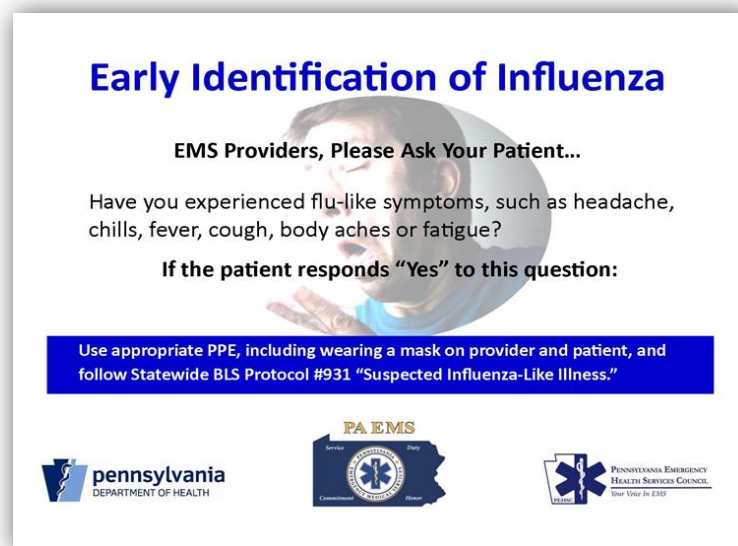
#### **VTR 1013-01      Influenza Patient Screening Tool**

*Recommendation:* The Pennsylvania Department of Health should publish, or make available for publication, the attached influenza patient screening tool

*Department of Health Response:* The Department does not fully agree with this recommendation. The Department recommends: Remove nausea/vomiting from bullet point one, removing bullet points 2 and 3. Recommend that statement 1 asks EMS providers to "Use appropriate PPE, including wearing mask on provider and patient, and follow Suspected Influenza-Like Illness Statewide BLS Protocol #931."

#### ***Helping Pennsylvania's EMS Agencies Prepare for Influenza***

PEHSC, working with staff from the [Eastern PA Regional EMS Council](#), developed a placard to remind EMS providers about importance of patient screening for influenza. This screening tool was revised based on feedback from the Department, as noted above, and subsequently was made available to all regional EMS councils by the Bureau of EMS for distribution to EMS agencies.





## Recommendations to the Department, continued

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### *December 11, 2013 Board Meeting*

#### **CFC 1213-01      Child Abuse/Neglect Background Checks**

*Recommendation:* The PEHSC Board of Directors requests the Pennsylvania Department of Health to revisit VTR 1211-02 from their meeting of December 14, 2011, which recommended that “The Department of Health should expand its current criminal history monitoring efforts to include screening for convictions of criminal acts against children, via the PA Child Line, to be performed by the EMS agency as part of the required documentation for licensure and should also include the screening of students enrolled in an EMS certification program.”

*Department of Health Response:* [Note: The Department provided a detailed response to this CFC; an excerpt follows.] The Department of Health supports the concept of agencies requiring in-depth background checks on their employees/volunteers. We continue to advocate for increased monitoring and awareness on the part of the agencies regarding their personnel’s ability to meet the ‘responsible person’ standard and other requirements of our Emergency Medical Services System Act and regulations. The concern we have with requiring this and other more in-depth background checks is primarily the issue of the financial and resource burden it places on our agencies.

#### **CFC 1213-02      Weight Determination for Pediatrics**

*Recommendation:* The PEHSC Board of Directors requests the Pennsylvania Department of Health to consider, in an effort to maintain patient safety, that all prehospital pediatric patients receiving medication(s) have their weight determined by the use of a length-based tape as the sole method of weight determination, unless documented in kilograms by the sending facility during an interfacility transfer. Additionally, after determining the patient’s weight, EMS providers should record the patient’s weight in kilograms when completing the Patient Care Report, where possible based on charting software limitations.

*Department of Health Response:* The Department of Health would support adding this concept to the list for consideration during the next review and update of the statewide ALS protocols.

## Recommendations to the Department, continued

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### *March 26, 2014 Board Meeting*

#### **CFC 0314-01          Family-Centered Care**

*Recommendation:* The PEHSC Board of Directors requests that the Pennsylvania Department of Health consider promoting and incorporating family-centered care during prehospital and interfacility ambulance transports in the Commonwealth EMS System.

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

#### **RFC 0314-01          Community EMS/Paramedicine Whitepaper**

*Recommendation:* The Board of Directors of the Pennsylvania Emergency Health Services Council does hereby resolve to support community Paramedicine in the Commonwealth of Pennsylvania and accepts the whitepaper developed by the PEHSC Community EMS/Paramedicine Task Force for use in legislative and key stakeholder education.

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

#### **VTR 0314-01          Addition of n-Acetylcysteine to ALS Drug List**

*Recommendation:* The Department of Health should add n-Acetylcysteine (Mucomyst™) to the List of Approved Medications for ALS Ambulances for interfacility transports.

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

#### **VTR 0314-02          Commonwealth Data Processing System**

*Recommendation:* The Department should implement a Commonwealth wide PCR Data, processing, and management system with capabilities to generate standard and adhoc reports.

*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 0314-03      Advanced EMT Integration Recommendations**

*Recommendation:* The Department of Health should consider the recommendations contained in the attached document prior to integrating the Advanced Emergency Medical Technician in Pennsylvania's EMS system. (See page 22 of this report)

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

### *June 11, 2014 Board Meeting*

### **CFC 0614-01      Performance Improvement Metric – Air Ambulance ETA**

*Recommendation:* The PEHSC Board of Directors requests the Pennsylvania Department of Health consider developing a performance improvement metric for voluntary use by a public safety answering point (PSAP) to compare an air ambulance's estimated vs. actual response time to an emergency incident.

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

### **VTR 0614-01      Minimum Equipment Standards – Critical Care**

*Recommendation:* The Pennsylvania Department of Health should adopt the attached minimum equipment standards for air and critical care ground ambulances.

*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 (October 3, 2013; December 5, 2013; March 10, 2014; June 5, 2014) 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). 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.

## Council Activities, continued

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

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 was updated for 2014 to include revisions to the sections on active shooter and unauthorized intruder. A supply of 350 hard copies was produced and was distributed upon request to schools across Pennsylvania to help them better prepare for emergencies.
- To meet the NEDARC workshop requirement for FY 2013-14, the program director attended a workshop from February 11-13, 2014, entitled “Using Your Pediatric Readiness Data.”
- The EMSC Voluntary Recognition Program continued to accept applications. Through a coordinated effort between the EMSC Program, PEHSC, the Department, and Pennsylvania’s EMS Regional Councils, the Program officially launched in October 2013, with approximately 40 EMS agencies being recognized. The EMSC Program participated in multiple regional and local public relations events to promote the program and specific EMS agency’s recognition. As of June 30, 2014, over 60 EMS agencies have been recognized under the program, with additional applications being received weekly.
- The EMSC Program started to offer bi-monthly continuing education webinars. These webinars are provided at no cost to Pennsylvania’s EMS providers and focus on varied pediatric topics. The first webinar was held in February and was on common pediatric respiratory emergencies. Another webinar was held in May on children with special healthcare needs and a third held in June on common summertime injuries and concussions in children.
- Working with NEDARC, Pennsylvania EMSC participated in the National EMS Reassessment that evaluated EMS agencies nationwide on different pediatric-specific equipment, safe transport practices, and advanced airway techniques. Thanks to the support from numerous organizations, including the Department of Health, Bureau of EMS, Pennsylvania’s EMS regional councils, and individual EMS agencies statewide, Pennsylvania achieved an 82% response rate, surpassing the national goal of 80%. This information will be used for future policy decisions as well as to determine future bulk equipment purchases that will be used for distribution to participating EMS agencies.



## Council Activities, continued

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

- The EMSC Program provides support and education content to the annual statewide EMS conference, combined with the Pediatric Emergency Care Symposium.
- Multiple equipment distributions were established and are ongoing. The EMSC Program purchased supplies of 125 pediatric pulse oximeters and approximately 100 safe transport devices that were made available to needy EMS agencies at no cost. The EMSC Program used data from the National EMS Reassessment conducted by NEDARC to determine need for these pieces of equipment.
- 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 children in EMS in Pennsylvania. During the most recent Grant Year (February 2013 – March 2014), the website had approximately 2,245 hits, with 2,000 being unique visitors to the website.
- Finally, the EMSC Program is in the final stages of creating a Family Advisory Network (FAN) within the state. The FAN allows parents and families to provide input on local, regional, and state level issues within the scope of the EMS for Children Program.

### *Workers' Compensation Pool*

PEHSC continued to investigate the possibility of establishing a workers' compensation pool for ambulance services in the commonwealth. A preliminary feasibility study was conducted and it was determined that a workers' compensation pool would be a cost savings benefit, offering long term stability to participating organizations. Twenty-one agencies expressed interest in the initial study; thirteen of them were determined to be likely participants if the pool were established. Two meetings were held with these potential members to review their individual premium projections under the pool. The project hit a significant roadblock relative to the regulatory process of establishing a self-funded workers' compensation pool. The Department of Labor and Industry, Bureau of Workers' Compensation, Self-Insurance Division, requires a collateralization fund be established to ensure that funds were available to pay claims in the event the pool should fail. It was determined that for the EMS Workers' Compensation Pool there would need to be a \$500,000 collateralization. Multiple avenues were unsuccessfully pursued to obtain the collateralization funds; without this collateralization fund, the pool was unable to be established. The project is currently on hold, pending the identification of a source of funds for the collateralization.

## 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, all of which are different 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.



Community Paramedicine Whitepaper

The task force met for three live meetings during the year to develop a Community Paramedicine Whitepaper on the benefits community EMS and how this new area of prehospital health care would integrate with Pennsylvania's EMS system. The paper is intended to be an educational tool for state agencies, legislators, EMS services, health systems and other stakeholders. It will demonstrate how mobile integrated healthcare services work in collaboration with a community's existing healthcare infrastructure.

## Council Activities, continued

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### *EMS Information Task Force*

The EMS Information Task Force held one full task force meeting and evaluated the current PCR data processing system and identified deficiencies and areas for improvement. The task force analyzed the current process and found it to be cumbersome and labor intensive, lending the process to potential data errors and lost files. In addition, the current system could be improved upon by allowing uniform access to data reporting capabilities. In an effort to improve the current practices of data processing, storage, and reporting, the EMS Information Task Force submitted VTR 0314-02, Commonwealth Data Processing System, to the Board of Directors, which was subsequently approved. The VTR outlined needs and capabilities for a new data processing system. The EMS Information Task Force has not pursued further action on the matter, pending a VTR response from the Department.

### *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. Robert Shank, EdD, and Anthony Deaven, EMT-P, agreed to co-chair the task force. PEHSC staff solicited interest from the education committee members to form a new task force to complete the request. 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 three times in FY 2013-2014 and expects to have a final report delivered to the Department no later than December 15, 2014.

PEHSC staff received a request from the Bureau of EMS to create a map of all Pearson Vue testing sites in the Commonwealth and create a 50 drive miles buffer around each site. Staff was unable to create a drive miles buffer due to software limitations; however, a map was created and delivered to Director Gibbons showing a 25 and 50 air mile radius around each site. Further interpretation of the data showed that 82% of candidates who tested in 2013 were within a 25 air mile radius of a testing center. Director Gibbons was advised that additional software purchases would need to be made to complete a drive miles buffer, he advised PEHSC to hold on the request. No further requests have been received regarding the project.

## 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. To assist the Department of Health with implementing this new provider type, PEHSC appointed a task force that met three times and developed the following recommendations:

1. Prior to implementing AEMT practice statewide, the Department of Health, with input from PEHSC, should consider conducting a pilot, demonstration project or beta test utilizing one or more EMS regions.
2. The scope of practice for the AEMT in Pennsylvania should be implemented in a manner consistent with the psychomotor skills listed in National Highway Traffic Safety Administration "National EMS Scope of Practice Model."
3. Psychomotor skills performed by an AEMT, above the EMT level, should be designated as an ALS skill including, but not limited to, performing an ALS assessment, IV/IO access, supraglottic airway insertion and medication administration.
4. Statewide EMS treatment protocols should be created for the AEMT that incorporate the psychomotor skills listed in the national scope model.
5. Psychomotor skills associated with establishing IV/IO access, initiation of intravenous crystalloid fluids or saline locks, and administration of any intravenous bolus medication should be restricted to when the AEMT is practicing in the presence of a provider above the AEMT level or under direct medical command.
6. Statewide EMS treatment protocols should stipulate that an AEMT may not cancel a responding unit capable of care above the AEMT level if the AEMT initiates or intends to initiate advanced life support procedures, except if the time required for the higher level unit to reach the scene or rendezvous point exceeds the transport time to the closest appropriate receiving facility.
7. The Department should provide advice to the Pennsylvania Emergency Management Agency and/or PSAPs regarding dispatch of intermediate advanced life support squads/ambulances. Specifically, dispatch of an ALS unit capable of providing care above the AEMT level should not be withheld due to the response of an intermediate advanced life support unit staffed by an AEMT when the local dispatch protocol indicates the need for an ALS response.



## Council Activities, continued

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### *Critical Care Paramedic Task Force*

In Phase I of the project, the workgroup established educational objectives and a transition pathway for paramedics who previously completed critical care education and/or obtained national board certification. The Pennsylvania Department of Health reviewed and accepted PEHSC's Phase I recommendations. In Fiscal Year 2013-2014, the task force focused on completing Phase II of the critical care paramedic project, which involved elements to make the critical care paramedic operational. During their work, the workgroup recognized the importance of matching patient acuity with the right critical care transport resources. To accomplish this task, the group met three times used a form of resource-typing commonly used in the emergency management community. Based on this resource-typing, a scope of practice and medication list were developed and submitted to the Department for their consideration. In Phase III, the taskforce will work to develop statewide critical care transport protocols. The taskforce also developed revised equipment standards for air ambulances and initial standards for critical care ground ambulances, which was submitted as VTR 0614-01.

### *State Plan*

The State Plan, as developed and approved by the Pennsylvania Department of Health, 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.

### *Rescue Task Force*

The PEHSC Rescue Task Force formed a workgroup, which met twice during the past year, to review the Voluntary Rescue Service Recognition (VRSR) program standards. This program establishes voluntary standards for personnel, training and equipment in the areas of vehicle/machinery and swift water rescue. VRSR is a joint program between the Pennsylvania Department of Health, Office of the State Fire Commissioner and the Pennsylvania Fish and Boat Commission. Applicant rescue services are provided with a 3-year recognition by the Department of Health following completion of the application process and on-site inspection by the regional EMS council. Upon completion of this comprehensive review, a recommendation outlining program enhancements will be forwarded to the Department of Health by the PEHSC Board of Directors.



## Council Activities, continued

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### *Medical Advisory Committee*

The Medical Advisory Committee (MAC) convened four meetings during the Fiscal Year, during which they discussed a wide range of clinical topics. In addition to its regularly scheduled meetings, the committee met in State College, PA, at the request of the Commonwealth EMS Medical Director, to discuss issues related to clinical care that will be impacted by the implementation of the rules and regulations for Pennsylvania's EMS Act (Act 37 of 2009) in April 2014. The MAC, joined by other key physicians and system stakeholders, discussed and reviewed following:

1. Scope of practice for the EMT, Advanced Emergency Medical Technician, Paramedic, Critical Care Paramedic, Tactical Paramedic, and Wilderness EMT.
2. The current list of the statewide drug list, including the addition of medications for the AEMT and EMT based on the proposed scope of practice.
3. The statewide ALS and BLS protocols and integration of protocols for the AEMT.

Other MAC activity during the year includes continued discussion and review of draft documents associated 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 recommended 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. As part of its responsibility, the PEHSC Medical Advisory Committee reviews all pilot and research projects prior to action by the Department of Health. During FY 2013-14 the committee reviewed and approved the following proposals:

1. A research study comparing the use of the King Video Laryngoscope versus direct visual laryngoscopy.
2. A research study comparing the efficacy of amiodarone and lidocaine versus placebo in out of hospital cardiac arrest.
3. A pilot project to evaluate the use of the iGel supraglottic airway device in out of hospital cardiac arrest and other appropriate situations.
4. A pilot project to evaluate the use of ketamine to manage severe patient agitation associated with excited delirium in the prehospital setting.

## Council Activities, continued

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### *Narcan Working Group*

The PEHSC convened a working group to address the national and state concerns associated with opioid overdoses. Specifically, the group reviewed pending state legislation and developed a list of concerns in regard to expanded scope of practice and extended services to patients via fire and police departments. The working group, after 2 meetings, developed a position statement which was approved by the PEHSC Board of Directors at the June meeting and can be found on the Council's website. At the time of this report, no bills in regard to this issue have passed the Pennsylvania Legislature.

### *Air Medical Taskforce*

The task force convened its annual meeting in March 2014. The members reviewed and approved a recommendation to update the current minimum equipment requirements for air ambulances and proposed equipment standards for ground-based critical care transport ambulances.

With the implementation of the rules and regulation for Pennsylvania's EMS System Act on April 10, 2014, the task force engaged EMS Bureau Director Dick Gibbons and Commonwealth EMS Medical Director Dr. Doug Kupas to discuss the next steps in making the critical care paramedic operational. In addition to establishing a scope of practice, Director Gibbons stated that he will be reviewing the task force's recommendations with the Department of Health's legal counsel to develop an implementation plan based on its regulatory authority.

In anticipation of the Department's requirement to provide a hospital or other receiving facility with a written transfer of care report, the task force will identify essential data elements and design an extended version of the Department's transfer form for critical care transport situations.

The members discussed the concept of developing a best practices document for PSAPs regarding the performance improvement review of incidents involving air-medical evacuation, and submitted this to the Department for their consideration as CFC 0614-01. The document would provide the PSAP with a resource for performing a review of, for example, a helicopter's estimated response time versus the time it actually took for the aircraft to arrive at an incident.

## Legislative Affairs

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During Fiscal Year 13-14, 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 legislation directing the review via study of the EMS System by the LBFC and JSGC
- Review of legislation to amend the Good Samaritan Law in PA (Act 125 of 2012)
- Review of bills and education related to direct payment for ambulance services
- 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 and education regarding the transportation bills that resulted in the removal of the EMSOF fine collection (this was corrected by Act 126 of 2013)

During the Fiscal Year, the Council also provided legislative testimony related to House Resolution 315, which was 'a Resolution directing the Legislative Budget and Finance Committee and the Joint State Government Commission to study the financial and administrative effectiveness of the emergency medical services system.' Additionally, Council leadership testified in regards to Volunteer Recruitment and Retention Concerns in the Commonwealth. The full texts of both of these testimonies are available on the PEHSC website or by contacting any Council staff member.

## 2013 Pennsylvania EMS Awards

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The 2013 Pennsylvania State EMS Award recipients were announced by Pennsylvania Department of Health, Bureau of EMS Director Richard Gibbons at the 36<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 on Saturday, November 23, 2013 at the Radisson Hotel and Conference Center in Camp Hill, Pennsylvania.

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

Robert Stakem, EMT-P  
Harrisburg Area Community College &  
LifeLion EMS  
Dauphin County

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

Scott Delany, EMT  
Muncy Area Volunteer Fire Company  
Ambulance  
Lycoming County

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

Charles Bortle, EMT-P, Ed.D  
Einstein Healthcare Network  
Lancaster County

### **EMS Communications Award**

Kimberly Robinson, EMT  
Tioga County Department of  
Emergency Services  
Tioga County

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

Williamsport Bureau of Fire  
Williamsport, PA  
Lycoming County

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

Elizabeth Heller, EMT-P  
Fayetteville Volunteer Fire Department  
EMS  
Franklin County

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

Scott Dunbar, EMT-P  
Crozer – Keystone Health System  
Delaware County

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

Back Mountain Regional Fire and EMS  
Dallas, PA  
Luzerne County

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

EmergCare Inc.  
Erie, PA  
Erie County

## 2014 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 2014 award recipients are as follows:

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



Bryan Smith  
First Aid & Safety Patrol

### **Joel Grottenthaler Memorial Award**



Anthony Deavon  
First Aid & Safety Patrol

### **Mildred K. Fincke Nursing Award**



Thomas Grace, RN, PhD  
Hospital & Healthsystem Association of  
Pennsylvania

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



Francis Guyette, MD  
UPMC, Center for Emergency  
Medicine

### **Special Legislator Recognition**



Lisa Baker, 20<sup>th</sup> Senatorial District  
Pennsylvania Senate



# EMS CONFERENCE

## AND PEDIATRIC EMERGENCY CARE SYMPOSIUM

Pennsylvania's 36th Annual EMS Conference was held at two sites on August 15-16, 2013 at the Lancaster Marriott at Penn Square in Lancaster, PA, and September 26-27, 2013 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

### **Conference Highlights**

- Co-sponsorship with the Pennsylvania Department of Health, Bureau of EMS
- Pediatric Emergency Care Symposium – August 15<sup>th</sup>/September 26<sup>th</sup>
- Exhibitor Reception – August 15<sup>th</sup>/September 26<sup>th</sup>
- DOH Regional Education Coordinator Meetings- Altoona Site
- ITLS Workgroup Meeting – Lancaster Site
- 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



## Pennsylvania's 36<sup>th</sup> Annual EMS Conference, cont.

**EMS Conference Summary & Comparison**

	2011	2012	2013	% Change
<b>Multi-Day General Conference</b>	234	276	321	14%
<b>Single-Day General Conference</b>	47	47	77	63%
<b>Exhibiting Organizations</b> <i>(includes pediatric symposium exhibitors)</i>	55	56	43	(24%)
<b>Registered Nurse Attendance</b>	40	35	28	(12%)
<b>Total Attendance</b>	<b>336</b>	<b>392</b>	<b>441</b>	<b>12.5%</b>

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

### Conference Participant Demographics

- 28% of respondents indicated that this was their first time attending
- 94% of respondents indicated plans to attend again next year.
- 60% of respondents are paid to work in EMS, while 40 percent solely volunteer.
- Attendees ranged in age from 16 to 75 years. The average age was 46.
- 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 (215) outnumbered ALS providers (148)

### 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. The attendees gave generally favorable feedback with some suggestions for improvement in 2014. One of the suggestions from an attendee was for more hands on classes; this was implemented into the planning for the 2014 conference, with plans for a pediatric simulator and an ACLS for the EMT class with practical stations. A sample of comments: "Good facility with easy access and parking. Food was good and well attended" and "I thoroughly enjoyed the conference, everyone did a terrific job, all went very smoothly & very informative. Great speakers & vendors too!"

## Professional Development & Outreach

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

- 2013 Pennsylvania Fire & Emergency Services Institute Annual Dinner and Pennsylvania State EMS Awards Presentation
- National Community Paramedicine Webinars
- 2013 Pennsylvania EMS Providers Foundation Annual Dinner and Awards Presentation
- NASEMSO
- SCAN EMS Advisory Board Meeting
- American Trauma Society – PA Chapter Conference
- Joint State Government Commission Meetings – as requested
- Legislative Budget & Finance Committee Meetings – as requested
- 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
- Pennsylvania Trauma Systems Foundation Board of Directors Meetings
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings

### *Council Membership Surveys*

Throughout the course of the Fiscal Year, the PEHSC staff performed multiple surveys of the Council to assist in developing position statements and analyzing information relevant to Council activities. Council members were surveyed on topics such as Advanced EMT concerns, EMS conference recommendations, and incentives to increase the number of volunteers in Pennsylvania's EMS system.

## 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 current PEHSC website is in the process of being updated. Annually, the main PEHSC website has approximately 22,500 visitors looking for resources and information about the Council and its activities. The Pennsylvania EMS Info website, which is the clearinghouse for all information related to EMS law, rules and regulations, and information bulletins, saw nearly 33,000 visitors over this Fiscal Year. Finally, The PEHSC has 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, 2014*

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