



PA EMS

Service

Duty

Pennsylvania Emergency Health Services Council

Your Voice In EMS

Commitment

Honor

Fiscal Year 2019-2020 Annual Report

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Mission, Vision, & Values

Mission

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

Vision

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

Core Values

- **Service**
 - PEHSC will advocate for and work to advance Pennsylvania's statewide EMS system.
- **Diversity**
 - PEHSC will be comprised of EMS agencies from across Pennsylvania and will include other organizations and stakeholders from within the emergency services and medical communities.
- **Objectivity**
 - PEHSC will generate unbiased, in-depth products that accurately reflect the needs of Pennsylvania and its EMS professionals.
- **Responsiveness**
 - PEHSC will be responsible, first and foremost, to the Council membership, and will strive to be at the forefront of new innovations.
- **Synergy**
 - PEHSC will bring together components of Pennsylvania's EMS system to explore problems and produce comprehensive solutions.

History, Funding, & Function

History

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

Funding

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

Function

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



Council Membership

The Council is an organization-based, non-profit corporation consisting of over 125 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	EMS West
Allegheny County EMS Council	First Aid & Safety Patrol of Lebanon
Allegheny General Hospital	Forbes Hospital
Ambulance Association of PA	Fraternal Association of Professional Paramedics
American Heart Assn. – Great Rivers Affiliate	Geisinger-Lewistown Hospital
American Medical Response Mid-Atlantic, Inc.	Good Fellowship Ambulance & EMS Training Inst.
American Red Cross	Harrisburg Area Community College
American Trauma Society, Pennsylvania Division	Highmark
Best Practices of Pennsylvania	Horsham Fire Company No 1
Bethlehem Township Volunteer Fire Company	The Hospital & Healthsystem Association of PA
Binns and Associates, LLC	J R Henry Consulting
Bucks County Emergency Health Services Council	Jefferson Hospital
Bucks County Squad Chief`s Association	Jeffstat
Burholme EMS	Lancaster County EMS Council
Butler County Community College	Lancaster EMS
Canonsburg Hospital	Lancaster General Hospital
Center for Emergency Medicine of Western PA	Lehigh Valley Health Network
Centre LifeLink EMS	Levittown-Fairless Hills Rescue Squad
Cetronia Ambulance Corps	Lower Allen Township EMS
Chal-Brit Regional EMS / Chalfont EMS	LTS EMS Council
Chester Co Dept of Emergency Services	Main Line Health
Chester County EMS Council	Marple Twp Ambulance Corps
City Of Allentown EMS	Medic-CE
City Of Pittsburgh - Bureau of EMS	Medical Rescue Team South Authority
Commonwealth Health EMS	Montgomery Co. Ambulance Association
Community Life Team	Montgomery County Regional EMS Office
County Of Schuylkill - Office of Public Safety	Murrysville Medic One
Cranberry Township EMS	Myerstown First Aid Unit
Cumberland Goodwill EMS	National Collegiate EMS Foundation
Danville Ambulance Service	National Ski Patrol
Delaware County EHS Council	New Holland Ambulance Association
Eastern Lebanon County School District (ELCO)	Non-Profit Emergency Services of Beaver County
Eastern PA EMS Council	Northeast PA Volunteer Ambulance Association
Emergency Health Services Federation, Inc.	Northwest EMS Inc.
Emergency Medical Services of Northeastern PA	Penn State Milton S. Hershey Medical Center
Emergency Nurses Association, PA Chapter	Pennsylvania ACEP
EMMCO West, Inc.	Pennsylvania Athletic Trainers Society

Pennsylvania College of Technology
Pennsylvania Committee on Trauma - ACS
Pennsylvania Fire and Emergency Services Institute
Pennsylvania Medical Society
Pennsylvania Neurosurgical Society
Pennsylvania Orthopedic Society
Pennsylvania Osteopathic Medical Association
Pennsylvania Professional Fire Fighters Association
Pennsylvania Psychological Association
Pennsylvania Search & Rescue Council
Pennsylvania Society of Internal Medicine
Pennsylvania Society of Physician Assistants
Pennsylvania State Nurses Association
The Pennsylvania State University
Pennsylvania Trauma Systems Foundation
PFESI
Philadelphia Fire Fighters Union Local 22
Philadelphia Paramedic Association
Philadelphia Regional EMS Council
Portage Area Ambulance Association
Public Safety Training Associates
Rehabilitation & Community Providers Assn.
Second Alarmers Assn. & Rescue Squad of MontCo
Seneca Area Emergency Services
Seven Mountains EMS Council
Southern Alleghenies EMS Council
Southern Chester County EMS
Southwest Ambulance Alliance
Special Events EMS
St Luke's University Health Network
Star Career Academy
State Firemen's Association of PA
Suburban EMS
Technical College High School of Brandywine
Temple Health System Transport Team
Thomas Jefferson University
Tioga County EMS Council
Topton A L Community Ambulance Service
Tower (Reading) Health System
UPMC Hamot
UPMC Susquehanna
UPMC Presbyterian
Uwchlan Ambulance Corps
Valley Ambulance Authority
VFIS/Education and Training Services
VMSC of Lower Merion and Narberth
Washington County EMS Council
Wellspan York Hospital
Western Berks Ambulance Association
West Grove Fire Company
West Penn Hospital
West York Ambulance
Westmoreland County EMS Council
Williamsport Area Amb Ser Co dba Susquehanna
Regional EMS



Affiliate Council Membership

This group is comprised of over 150 organizations or individuals who are members of the Council without voting privileges.

7th Ward Civic Association Ambulance Service	Ebensburg Area Ambulance Association
Acute Care Medical Transports Inc.	Elizabeth Township Area EMS
Adams Regional Emergency Medical Services	Elysburg Fire Department EMS
American Health Medical Transport	EmergyCare, Inc.
American Life Ambulance	Em-Star Ambulance Service
American Patient Transport Systems	Event Medical Staffing Solutions
Am Serv Ltd Dusan Community Ambulance	Factoryville Fire Co. Ambulance
AREA Services	Fame Emergency Medical Services
Auburn Fire Company Ambulance Service	Fayette Township EMS
Beavertown Rescue Hose Co. Ambulance	Fayetteville Volunteer Fire Department, Inc.
Blacklick Valley Foundation Ambulance Service	Fellows Club Volunteer Ambulance Service
Blakely Borough Community Ambulance Assn.	Forest Hills Area Ambulance Association, Inc
Borough of Emmaus Ambulance	Franklin & Northmoreland Twp. Amb. Assn.
Brighton Township VFD	Gilbertsville Area Community Ambulance Service
Brooks R. Foland, Esq.	Girardville Ambulance Service
Brownsville Ambulance Service	Goshen Fire Company
Buffalo Township Emergency Medical Services	Greater Pittston Ambulance & Rescue Assn.
Central Medical Ambulance Service	Greater Valley EMS, Inc.
Centre County Ambulance Association	Guardian Angel Ambulance Service
Chippewa Township Volunteer Fire Department	Halifax Area Ambulance & Rescue Assn., Inc.
Christiana Community Ambulance Association	Hamburg Emergency Medical Services
Citizens Volunteer Fire Company EMS Division	Hamlin Fire & Rescue Co.
Clairton Volunteer Fire Department	Harford Volunteer Fire Company EMS
Clarion Hospital EMS	Harmony EMS
Community Ambulance Association Ambler	Hart to Heart Ambulance Service
Community Ambulance Service Inc.	Hastings Area Ambulance Association, Inc
Community College of Beaver County	Haverford Township Paramedic Department
Conemaugh Township EMS	Health Ride Plus
Corry Ambulance Service, Inc.	Health Trans Ambulance
Cranberry Township EMS	Hollidaysburg Ambulance
Cresson Area Amb. dba Cambria Alliance EMS	Honey Brook Ambulance Association
Delaware County Community College	Hose Co #6 Kittanning Ambulance Service
Delaware County Memorial Hospital EMS	Irvona Volunteer Ambulance Service
Dover Area Ambulance Club	Jacobus Lions Ambulance Club
Duncannon EMS	Jefferson Hills Area Ambulance Association
East Brandywine Fire Company QRS	Jessup Hose Co No 2 Ambulance Association
Eastern Area Prehospital Service	Karthus Ambulance Service
Eastern Regional EMS	Kecksburg VFD Rescue Squad
Easton Emergency Squad	Kutztown Area Transport Service, Inc.

Lack Tuscarora EMS
Lackawanna/Wayne Ambulance
Lancaster EMS
Lawn Fire Co. Ambulance
Lehigh Carbon Community College
Lehighon Ambulance Association, Inc.
Liverpool Emergency Medical Services
Longwood Fire Company
Lower Kiski Ambulance Service Inc.
Loyalsock VFC #1 EMS Division
Macungie Ambulance Corps
Manheim Township Ambulance Assn.
Mastersonville Fire Company QRS
McCandless-Franklin Park Ambulance Authority
McConnellsburg Fire Department
Meadville Area Ambulance Service LLC
Med-Van Transport
Memorial Hospital EMS
Meshoppen Fire Company
Midway Volunteer Fire Company
Mildred Ambulance Association
Milmont Fire Co. EMS
Mount Nittany Medical Center - EMS
Mountain Top Fire Company
Muncy Township VFC Ambulance
Nazareth Ambulance Corps.
New Holland Ambulance Association
Newberry Township Fire & EMS
Northampton Community College
Northampton Regional EMS
Norwood Fire Co #1 EMS
NovaCare Ambulance
Orwigsburg Ambulance
PAR Medical Consultant, LLC
Penn State Hershey Life Lion EMS
Penn Township Ambulance Assn. Rescue 6
Pennsylvania College of Technology
Pennsylvania Office of Rural Health
Pike County Advanced Life Support, Inc.
Pleasant Volunteer Fire Department
Point-Pleasant-Plumsteadville EMS
Pointe 2 Pointe Services Inc.
Portage Area Ambulance Association
Pottsville Area Emergency Medical Services
Quick Response Medical Transport
Radnor Fire Company
Regional EMS
Regional EMS & Critical Care
Rices Landing Volunteer Fire Department
Robinson Emergency Medical Service, Inc.
Ross/West View EMS Authority
Rostraver/West Newton Emergency Services
Russell Volunteer Fire Department
Scott Township Emergency Medical Services
Shawnee Valley Ambulance Service
Shippensburg Area EMS
Smiths Medical ASD Inc.
Snow Shoe EMS
Somerset Area Ambulance
South Central Emergency Medical Services, Inc.
Southern Berks Regional EMS
Springfield Hospital EMS
Spring Grove Ambulance Club
St. Mary EMS
Stat Medical Transport, LLC
Superior Ambulance Service, Inc.
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 Service
Weirton Area Ambulance & Rescue Squad
W.Shore Adv Life Support Srvs,/dba Geisinger EMS
Western Alliance Emergency Services, Inc.
Western Berks Ambulance Association
Westmoreland County Community College
White Mills Fire Department Ambulance
White Oak EMS
White Rose Ambulance
York Regional Emergency Medical Services Inc.

Board of Directors

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

Allegheny General Hospital	David Lindell
Ambulance Association of PA	Donald DeReamus
American Heart Association-Great Rivers Affiliate	Alexander Kuhn
Burholme EMS	Timothy Hinchcliff
Center for Emergency Medicine of Western PA, Inc.	Walt Stoy, PH.D
Centre LifeLink EMS	Kent Knable
Chester County Dept of Emergency Services	Harry Moore
City of Allentown EMS	Eric Gratz
Community LifeTeam EMS	Barry Albertson
Cumberland Goodwill EMS	Nathan Harig
Emergency Nurses Association, PA Chapter	Kay Bleacher, RN
Good Fellowship Ambulance-EMS Training Institute	Kimberly Holman, RN
Harrisburg Area Community College	Robert Bernini
Horsham Fire Co. No 1	Matt Bowers
Hospital & Healthsystem Association of PA	Mark Ross
Mainline Health	Keith Laws
Non-Profit Emergency Services of Beaver County	Steve Bailey
Penn State Milton S. Hershey Medical Center	Scott Buchle
Pennsylvania ACEP	Bryan Wexler, MD
Pennsylvania Fire & Emergency Services Institute	Jerry Ozog
Pennsylvania State University	J. David Jones
Pennsylvania Trauma Systems Foundation	Juliet Altenburg
Second Alarmers & Rescue Squad of Montgomery Co.	Ken Davidson
Southern Alleghenies EMS	Carl Moen
Southwest Ambulance Alliance	JR Henry
Thomas Jefferson University	Jean Bail, RN
Tower Health	Anthony Martin
Valley Ambulance Authority	Bryan Kircher
Western Berks Ambulance Association	Anthony Tucci
Williamsport Area Ambulance Service Co-op dba Susquehanna Regional EMS	Gregory Frailey, DO

Executive Leadership & Council Staff

Executive Committee

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

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

Council Staff

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

Janette Swade	Executive Director
Donald “Butch” Potter	Sr. EMS Systems Specialist
Andrew Snavely	EMS Systems Specialist
Duane Spencer	EMSC Program Manager
Kelli Kishbaugh	Administrative Assistant

Executive Offices

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

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

Financial Information

FY 19-20 Financial Information		
	Budget	Actual *
State Contract		
Income	\$ 421,539.00	
Expense		\$421,380.81
EMSC Contract		
Income	\$136,448.85 <small>(\$128,224 - annual grant amount, over lap of 2 FY and carryover)</small>	
Expense		\$102,437.04
EMS Conference		
Income	\$90,000.00	\$108,682.07
Expense	\$70,000.00	\$89,549.00

*Fiscal Year 2019-2020 amounts listed are pending year-end audit.
Complete financial audits are available upon request to the Council.

Official Recommendations to the PA Department of Health

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

December 4, 2019 Board Meeting

VTR 1219-01 Dispatch and Utilization of Intermediate ALS Agencies

Recommendation: The Pennsylvania Department of Health should develop a document containing frequently asked questions and best practice recommendations to assist local governments and public safety answering points related to intermediate advanced life support agencies.

Rationale [Background]: As Pennsylvania trains more providers to the advanced EMT (AEMT) level and basic life support (BLS) agencies consider elevating their level of care to intermediate advanced life support (iALS), local governments and public safety answering points (PSAPs) will be confronted with integrating of this new resource into the existing EMS system.

To assist with this integration, local governments and PSAPs should be educated on the capabilities of iALS when compared to higher-level ALS care provided by a practitioner at or above the level of a paramedic. PEHSC recognizes the Department does not have regulatory authority over local governments regarding the selection of primary EMS response agencies, or over PSAPs relative to resource or response determination. However, the Council believes it is incumbent upon the Department to educate these entities that iALS is not intended to replace local ALS resources, but can provide limited advanced life support care when local ALS resources are not immediately available.

Regional EMS Councils will also be served by having a standardized resource when responding to questions from local elected officials and PSAP directors regarding what is an AEMT; what is iALS; how does it compare to ALS; and how to integrate this new resource when [if] it becomes available in the community.

The document should include, but not be limited to:

1. A brief review on evolution of the advanced EMT as it relates to the NHTSA National Scope of Practice Model.
2. Compare and contrast the education standards of the AEMT vs. paramedic.

3. Compare and contrast the patient care capabilities of an iALS vs. ALS agency.
4. That iALS is intended to supplement, not a replace ALS care provided by a practitioner at or above the level of a paramedic when that local resource is available to respond.
5. The potential deleterious effects on existing ALS resources that can occur if iALS integration is not driven from a broad-based systems approach.

Medical Review [Concerns]: The MAC understands the value that iALS can bring to communities that, due to a lack of local resources, are underserved by paramedic-level ALS care. However, it's important for local governments and PSAPs to be provided with consistent, credible information with which they can make an informed response decisions.

Fiscal Concerns: Introducing a new level of medical care into a community always come with some inherent risks. An EMS agency considering implementing an iALS program must consider both the capital/operating expenses and available reimbursement for this level of care; not to do so could threaten the future viability of the organization. ALS agencies are understandably concerned if and/or how iALS will be implemented in areas they serve. Although the advanced care provided by an AEMT is not a replacement for that provided by a paramedic, if not implemented from a system-approach, the availability of ALS in those communities could be placed in jeopardy.

Educational Concerns: n/a

Plan of Implementation: The Department should consult with PEHSC and regional EMS councils on the development of the document. The document should be disseminated to local governments through the boroughs and townships associations; distributed to PSAPs directly or through the Pennsylvania Emergency Management Agency; and posted on the Bureau of EMS website.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

DOH Response: The Department thanks PEHSC for this recommendation. The Department agrees in concept with the recommendation. There are some components of this VTR related to education of the overall concept of a tiered EMS system that can

be put together in relatively short order. There are other items requested, which may take longer to complete.

VTR 1219-02 Unmanned Aircraft Systems Impact on Air Ambulance Safety

Recommendation: The Pennsylvania Department of Health should partner with other appropriate state agencies to initiate a public information and education campaign to increase awareness of the dangers unmanned aircraft systems (UAS) pose to air ambulances on emergency incidents.

Rationale [Background]: Unmanned aircraft systems, commonly referred to as “drones,” have become a popular recreational activity for aspiring pilots, are used by the media for electronic news gathering at emergency incidents and have become an integral part of the emergency incident management system to obtain a 360 degree view of the scene.

When air ambulances are operating at emergency incidents, a UAS can pose a serious safety threat if it ventures into a helicopter’s approach or departure path. These aircraft are small, agile, fast and unlike a full-size aircraft, very difficult to visualize.

Unmanned Aircraft Systems are regulated by the Federal Aviation Administration. UAS pilots are required to comply with a numerous airspace restriction, including over an emergency incident. Interfering with an emergency response effort is a federal offense under 49 USC § 46320, punishable by a fine of up to \$20,000 per violation.

In response to this safety threat, air ambulance operators in some areas of the country have initiated a local or regional campaign to educate the public about how a UAS can create a serious and potential deadly safety issue, for medical helicopters. In Pennsylvania, Penn State Health’s LifeLion Critical Care Transport service created the “No Drone Zone” safety campaign, for which they received the Vision-Zero Aviation Safety Award from the Association of Air Medical Services.

PEHSC recognizes the Pennsylvania Department of Health does not play a regulatory role in aviation; but does have the ability to partner with other state agencies such as PennDOT, PA Emergency Management Agency and Office of the State Fire Commissioner, to explore the feasibility of a statewide UAS safety campaign. Such an effort should target not only the general public, but include 911 centers, law enforcement, fire service and electronic news media. Medical Review [Concerns]: n/a

Fiscal Concerns: Development and distribution of a campaign intended to reach a broad target audience can be a time-consuming and expensive venture. PEHSC recognizes

that a single state agency may not have the budgetary resources for such a project; it is for this reason that we recommend a creative and financial collaboration amongst multiple agencies. Existing media resources may be available to avoid creating original content.

Educational Concerns: The educational campaign could be tailored to a target audience, or a general campaign could be developed; budgetary constraints will play a central role in this decision.

Plan of Implementation: Following campaign development, the Commonwealth will utilize their considerable resources to distribute the information to the media and other appropriate outlets.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

DOH Response: The Department thanks PEHSC for this recommendation. The Department shares PEHSC's concerns related to the safety of air ambulance patients and crews, when their airspace is encroached by these unmanned aircraft. While there are no financial resources available at present to dedicate to this project, we will work with our office of communications, and our fellow state agencies to identify opportunities to spread awareness on this issue.

VTR 1219-03 Amendments to Critical Care Transport Scope of Practice and Medication List

Recommendation: The Department of Health should make the following changes to the critical care transport scope of practice and medication list.

Rationale [Background]:

Approved CCT Medication List:

Add:	Levetiracetam (Kepra)	Add Footnote #4*
Change:	Norepinephrine Phenylephrine	Add Footnote #4 Add Footnote #4

* Footnote #4 permits the monitoring of medications by a credentialed, expanded scope paramedic outside of the presence of a PHRN or higher when functioning on a licensed critical care ground ambulance.

Ground Critical Care Transport Scope of Practice

Remove:	“Chest tube thorocostomy, monitoring after acute Insertion”	This is a redundant statement and is covered i the line above which states, “Chest tube thorocostomy, monitoring of existing tube in a closed system, e.g. water seal or suction”
Add:	“Ventilators, transport – used in multimodal settings, blended gas transport ventilator on patients ventilated <48 hours or anticipated need to actively titrate ventilator settings”	Add Footnote # 2** This statement appears in the air ambulance scope of practice document, however it appears to have been unintentionally omitted from the ground CCT transport scope of practice.

** Footnote #2 permits the monitoring/initiation of a therapy by a credentialed, expanded scope paramedic in the presence of a PHRN or higher when functioning on a licensed critical care ground ambulance.

Medical Review [Concerns]: Reviewed by the PEHSC MAC, who concurred with recommendations of the Critical Care Transport Task Force.

Fiscal Concerns: n/a *Educational Concerns:* Any needed education will be provided by or at the direction of the critical care ground transport agency medical director.

Plan of Implementation: The Department should publish the recommended changes with the next scheduled document update in the Pennsylvania Bulletin and consider publishing an RC Memo and/or EMS Information Bulletin highlighting these and any other changes to the medication and scope of practice list(s).

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

DOH Response: The Department thanks PEHSC for this recommendation. The Department agrees and accepts this recommendation with one exception. The VTR makes a request to remove what is currently line 2 from the document titled *Scope of Practice for Critical Care Transport Emergency Medical Service Providers*. The basis for the requested in change was that it was duplicative to line 1 of the referenced document. Line 2 reads in Full "*Chest tube thoracostomy, acute insertion*". Inclusion of this along with the applicable subscript allows a CCT paramedic to assist a PHRN, PHPE, or PHP in the placement of a chest tube in the ground CCT environment. To remove line 2 as requested would result in critical care paramedics being unable to assist a PHRN, PHPE, or PHP in chest tube placement. We do not feel that this was the intent of VTR. If PEHSC wishes to engage in additional discussion or requires additional clarification, we are more than happy to do so. The proposed changes will be incorporated in a P A Bulletin post that the Department will make. It is likely to be published sometime in early 2020. The Department will communicate this posting with an EMS Information Bulletin as has been common practice.

March 18, 2020 Board Meeting

VTR 0320-01 Update to Pediatric Voluntary Recognition Program - PECC

Recommendation: The Department of Health should accept the following revision (attached) to the current Pediatric Voluntary Recognition Program (PVRP). This revision will designate of the Pediatric Emergency Care Coordinator (PECC) at the master and expert levels. This VTR supersedes VTR 0619-01 by amending a new implementation date of July 1, 2020.

Rationale [Background]: The role of a Pediatric Emergency Care Coordinator is not a defined job description or pre-determined set of responsibilities. The function is to support the preparedness and safe delivery of pediatric care.

The Pediatric Emergency Care Coordinator:

- Works in collaboration with the agency Medical Director.
- Is tasked with looking out for the needs of children.
- Is a Pediatric Champion; a Pediatric Advocate; a Content Expert; an EMSC contact person.

A PECC is a designated individual or group who coordinates pediatric emergency care and who need not be dedicated solely to this role; it can be an individual or group already in place who assumes this role as part of their existing duties. The individual or group may be a member of the EMS agency or work at a community or regional level and serve more than one agency.

EMS systems vary greatly across the state as does the EMS model of a PECC. At the EMS agency level, a PECC can be an individual, dedicated to the role or taking on the role as additional duties. This is the simplest form of a PECC but in no way the only way to meet the needs of a PECC program. An EMS agency may institute a PECC team where more than one individual assumes different roles of the PECC in order to meet objectives and share workload. When a team model is utilized, there should be one individual who is identified as a contact person in representing the team's activities for the EMS agency.

A PECC can be any level of provider however, a PECC should be at or above the specific service delivery level. For example, an EMT should not be overseeing an ALS service's PECC responsibilities. When a model other than an individual PECC is utilized, representation within the model group should include an individual(s) who meets the qualifications of a PECC in whole.

The EMSC Committee considers the addition of the PECC designation appropriate for the master and expert levels. Both of these levels already have a person or persons who meet the description of a PECC, “a designated individual or group who coordinates pediatric emergency care and who need not be dedicated solely to this role; it can be an individual or group already in place who assumes this role as part of their existing duties.”

Medical Review [Concerns]: No concerns

Fiscal Concerns: The addition of the PECC requirement to the master and expert levels is simply a designation, therefore no financial burden exists for the EMS agency

Educational Concerns: The timing of this recommendation will coincide with the rollout of PECC education (What is a PECC?) prior to the July 1st implementation to all effected EMS agencies.

Plan of Implementation: A revised PVRP program overview is attached to this recommendation.

The proposed changes would take effect July 1, 2020. This will allow enough time for existing PVRP agencies effected by the change to transition by identifying their PECC. The July deadline will also provide enough time to implement these updates by re-distributing the program guidance in an electronic version. Additionally, all EMS agencies currently in the program will be provided with personalized information and updates on the program to transition as needed.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

DOH Response: The Department thanks PEHSC for this recommendation. The Department agrees with this recommendation and approves the requested changes to the PVRP criteria at the master and expert levels, to occur no sooner than July 1, 2020 to allow for adequate stakeholder education on the purpose and role of the Pediatric Emergency Care Coordinator. Furthermore, considering the current COVID-19 pandemic the Department would have no objection should the Emergency Medical Services for Children Coordinator choose to delay implementation to a date no later than September 1, 2020.

Council Activities

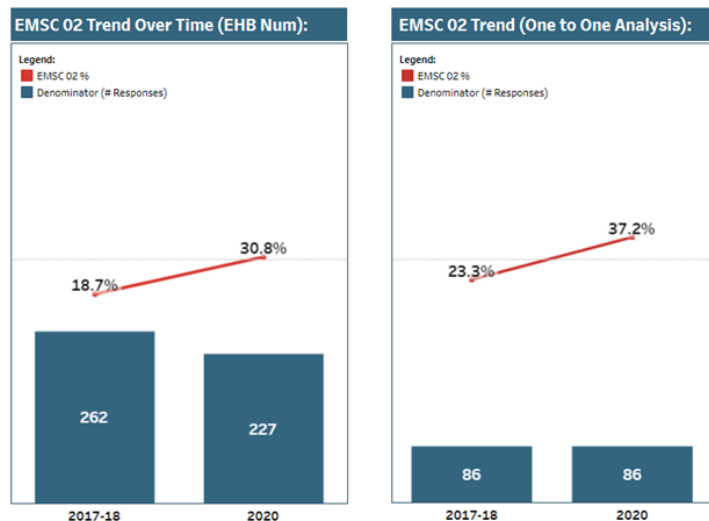
(Note: Many events have been cancelled or transitioned to virtual events due to the COVID 19 pandemic)

Emergency Medical Services for Children (EMSC)

The EMSC Advisory Committee met two times this fiscal year. EMSC staff and representatives also attended all required HRSA meetings and workshops including the annual all-grantees state partnership meeting in August.

The EMSC program conducted the 2020 surveying of all Pennsylvania EMS Agencies as part of a nationwide assessment on performance measures 02 & 03 – Pediatric Emergency Care Coordinator (PECC) and Use of Pediatric-Specific Equipment. More than 9,000 agencies participated across the U.S. Although Pennsylvania’s response rate was only 20.9%, the 237 911 agencies surveyed provided valuable information regarding past and present efforts across the two performance measures. 30.8% of the responding surveyed agencies report having a designated individual who

coordinates pediatric emergency care (70 of 227). This number is a significant increase from the 2017-18 survey of 18.7%. Furthermore, an additional 6.6% (n = 15) had plans to add a PECC and another 26.9% (n = 61) were interested in adding a PECC, accounting for 64.6% of the surveyed agencies. An analysis of agencies who responded to both surveys (n = 86) found a 13.9% increase (23.3% to 37.2%) of those agencies who identified having a PECC. Both represent meeting the EMSC National Target for 2020 of 30%.



The EMSC Program will continue to engage EMS Agencies in adding a PECC and provide support by means of program materials and coordination efforts. Additionally, as specific national survey results become available, the EMSC program will engage those agencies interested in adding a PECC with resources to support their effort.

Performance measure 03 specifically looked at skill checking, and the methods agencies utilize to meet that measure. Survey results clearly indicate methods including skill stations and simulated events are being used on a variable frequency however a significant number of surveyed agencies reported no methods of skill checking.

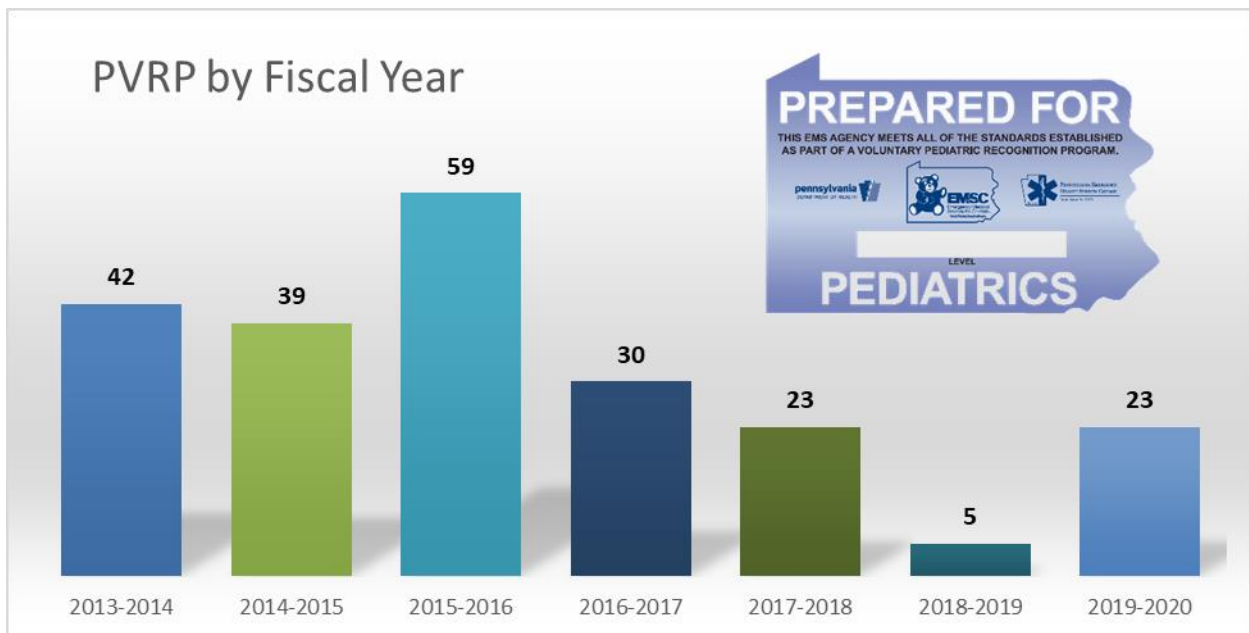
Use of Pediatric-Specific Equipment Matrix:

% of Agencies: 3.1% — 70.9%

	Two or more times per year (4pts)	At least once per year (2pts)	At least once every two years (1pt)	Less frequently than once every two years (0 pts)	None
How often are your providers required to demonstrate skills via a SKILL STATION?	11.0% (n=25)	52.0% (n=118)	7.5% (n=17)	3.5% (n=8)	26.0% (n=59)
How often are your providers required to demonstrate skills via a SIMULATED EVENT?	9.3% (n=21)	46.3% (n=105)	9.7% (n=22)	3.5% (n=8)	31.3% (n=71)
How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?	3.1% (n=7)	17.2% (n=39)	3.5% (n=8)	5.3% (n=12)	70.9% (n=161)

In August, EMSC representatives attended the 2019 EMSC State Partnership All Grantee meeting in Washington DC where they participated in group discussions regarding EMSC program activities and future plans.

The EMS agency Pediatric Voluntary Recognition Program continues to see new enrollment and participation. We currently have over 220 agencies participating in levels that range from Basic to Expert. This year we added an additional 23 agencies to the program.



2019-2020 PVRP Activity

EMS Region	EMS Agency Name	PVRP Level
BUCKS	Bucks County Rescue Squad	Master
	Warrington Township Emergency Services	Expert
CHESTER	Minquas Fire Co. #2	Expert
	Paoli Fire Company	Expert
DELAWARE	STAT Medical Transport	Expert
EASTERN	Lehighon Ambulance Association Inc.	Master
	Pocono Mountain Regional EMS	Expert
EHSF	Friendship Fire Company	Advanced
	Manheim Township Ambulance Assoc.	Master
	New Cumberland Fire Department	Intermediate
	Yellow Breeches EMS, LLC	Expert
	Landisburg EMS Inc	Expert
EMMCO WEST	North Shenango Volunteer Fire Department	Master
	Springboro VFD Ambulance	Master
EMS WEST	City of Pittsburgh EMS	Expert
	Foxwall EMS	Expert
	Monroeville EMS	Master
LTS	Jersey Shore Area EMS	Master
MONTGOMERY	Lower Providence Community Center Ambulance	Intermediate
NORTHEASTERN	Hanover Township Community Ambulance Association	Expert
	Lake Winola Fire Company	Expert
SEVEN MTNS	Elysburg Fire Department EMS	Expert
	Montour Township Fire Department	Advanced

A map of all PVRP agencies by recognition level is now available and regularly updated on the EMSC website

The Safe Transportation of Children in Ambulances workshop was provided at three locations in the commonwealth at no charge. The program is currently being reviewed by several of its original authors in order to affirm its outline and methods are current, to improve availability of the program by increasing availability through a train-the-trainer course, and to create an online program to be completed outside of any hands-on education to reduce class time and improve learner retention.

The project also supported the following efforts:

Several programs providing pediatric education which include: The John M. Templeton Jr. Pediatric Trauma Symposium, the PA State EMS conference (pediatric

sessions), and the continued development of a pediatric education simulation lab in the Thomas Wolfarth EMS Simulation Center at the Delaware County Emergency Services Training Center. The Emergency Guidelines for Schools 2018 edition was converted to an online flipbook and made available through our EMSC website for school Nurses and administrative teams to freely access. Support was planned for the Seven Mountains Conference and the EMS Update Conference however both were cancelled due to COVID-19 restrictions.

The program facilitated discussion between pediatric emergency medicine physicians and Pennsylvania Department of Health specialists regarding Multi-System Inflammatory Syndrome in Children (MIS-C). A discussion platform was used to share information and to identify any specific EMS related issue that may need to be disseminated.

The committee continues to discuss safe transport devices including the new devices being marketed to EMS. A subcommittee has begun to review the current Safe Transport in Ambulance curriculum and develop a 'train-the-trainer' component to increase instructors and expand the programs availability. The program is also part of a National Association of State EMS Officials (NASEMSO) working group and are contributing to a standardized national curriculum development with our statewide program outline and lessons learned.

EMS Week activities were significantly impacted this year however the program was able to share PVRP recognitions through each EMS Region along with a social media video acknowledging many of those agencies and the efforts they have contributed to during the past year. With the Pittsburgh area going yellow the week before, the EMSC program was able to recognize Pittsburgh EMS for its successful completion of the Expert requirements with the Pediatric Voluntary Recognition Program as well as to recognize District Chief Jeff Meyer as their Pediatric Emergency Care Coordinator.

The EMS for Children committee had one recommendation during the fiscal year : Pediatric Voluntary Recognition Program Revision: Addition of the Pediatric Emergency Care Coordinator (PECC), previously approved by the PEHSC Board and DOH, required the implementation date be changed from January 1st to July 1st. The date was further amended with the permission of the Bureau of EMS to September 1, 2020 due to COVID-19 impacts on EMS Agencies.

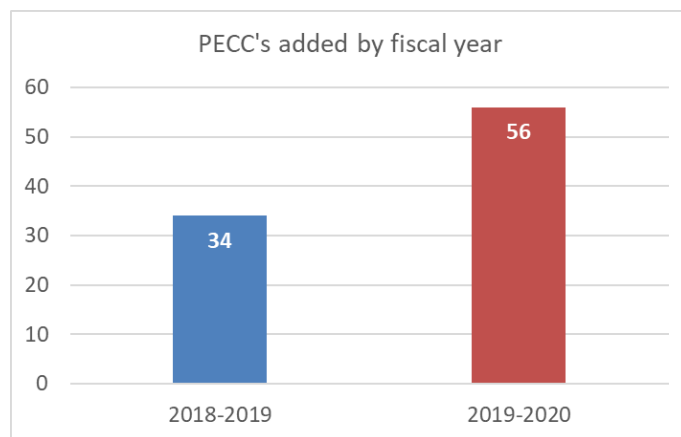
Pediatric Emergency Care Coordinator

The Pediatric Emergency Care Coordinator (PECC) program is a continuation of the learning collaborative project which was grant funded collaborative program through the Health Resources and Services Administration (HRSA) during the previous fiscal year.

The learning collaborative was designed to target a group of EMS services who, through a previously published EMSC survey, had expressed an interest in adding a pediatric coordinator. The learning collaborative looked to improve pediatric readiness through clinical oversight and competencies by tasking a core of states EMSC grantee programs in order to develop a national effort to improve the care of children by EMS agencies and providers.

The EMSC program continues to support the PECC initiative through distribution of PECC materials and in development of programs to support PECC needs. The PVRP program now requires a PECC be identified for all Master and Expert level recognized agencies however, PECC presence is needed in more than just those agencies. Federal EMSC



performance measure EMSC 02 seeks 30% of EMS agencies in a state or territory to have a designated individual who coordinates pediatric care, 60% by 2023 and 90% by 2026. As of end of fiscal year 2019-2020 we have identified 90 individuals as pediatric emergency care coordinators in Pennsylvania.



The PA PECC website (www.papecc.org) offers an avenue for interested EMS agencies or individuals to seek resources to assist them in developing their own PECC through several models: utilizing an individual or group within the agency, a community effort combining agencies and other pediatric support partners to effect the PECC role, or a regional multi-agency multi-partner team to oversee and support the PECC program. Additional resources provide suggested objectives to support the delivery of quality and safe pediatric care.


In August 2019, our PECC efforts were shared at the annual EMSC stakeholders all-grantee meeting by our EMSC FAN (Family Advisory Network representative), our EMSC Committee Chair and one of our own Pediatric Emergency Care Coordinators. A poster presentation on the PECC Learning Collaborative was also presented.

This past March, the EMSC program participated in a nationwide EMSC Community of Practice webinar and shared our efforts to other state EMSC programs including that of one particular PA PECC and how his efforts are panning out at two different agencies.

Establishing a Pediatric Emergency Care Coordinator (PECC) program for Pennsylvania EMS Agencies

Duane Spencer, BS, NRP; Ted Fessenden, BS, EMT-P; Leonard W. Brown, NRP; Angie Poomran, CHES; Louis Bellack, BS, NIS, PHRN; Robert M. Carpenter, NRP; Joyce Foreman-Capuzzi, MD, RN-BC; Sylvia Owusu-Ansah MD, MPH; Theresa A. Walls, MD, MPH; Mark Wolfgang, EMT; Janelle A. Swade, MBA, EMT; Jay Taylor; Aaron Rhone, MPA, MS, EMT; Douglas Kupas, MD.



Background

- EMS Agencies regularly provide care to pediatric patients however the frequency of which that care is provided varies and therefore so does the skill levels and overall preparedness of the agency and its pre-hospital providers.
- Recent research "supports the identification of pediatric coordination to facilitate the optimal care of children within EMS systems, stating that 'pediatric components must be integrated into all aspects of care including day-to-day operations, policies, protocols, available equipment and medications, quality improvement efforts, and disaster planning' in order for EMS systems to provide high quality care to children."
- A 2017 EMSC survey of 262 PA EMS agencies identified their current or future plans regarding a pediatric coordinator. Many of these agencies were at the First Responder non-transport QRS level of service.
- A PECC Learning Collaborative grant was established in order to identify methods and ideas to assist those "interested" agencies to bridge the gap and establish the position in their organization.

Methods

- EMS agencies who participated in the EMSC survey and expressed an interest in, were already planning to add and who already had a PECC in place were contacted through the multiple methods including email, phone, web presence and social media.
- Agencies who replied to the project were surveyed for additional information regarding current and future PECC activity.
- Supplemental EMS Agency PECC survey responses
- EMS agency feedback requested more detailed information before committing resources in support of a PECC. This information was created in the form of educational resources explaining the PECC program, PECC models, the role of a PECC, and suggested objectives to be incorporated into a PECC program.

Outcomes

- Identified 31 agency PECCs during project cycle
- Created best fit PECC models of success to meet agency resources, needs and function.
- Established a list of objectives for PECC's to choose from an a-la-carte menu in developing programs.
- Implemented a requirement for identifying a PECC at the PVRP, Masters and Expert levels by January 2020
- Collecting PECC information during EMS agency licensure process.
- Developed and published a multi-platform informational website.
- Instituted a sustainable process for program growth.
- Created printed program educational materials.
- Implemented PECC participation recognition challenge coin.

Objectives

- Inform and advance efforts to demonstrate effective, replicable strategies to increase the number of local EMS agencies with a PECC through targeted educational materials and a virtual PECC portal.
- Incorporate the PECC into the Pennsylvania Pediatric Voluntary Recognition Program (PVRP)
- Establish a sustainable program in order to support the addition of a PECC in all Pennsylvania EMS agencies by 2022.

Methods

- The project proposed several methods in their application; however, some were found to be ineffective and required adjustments in their scope and effort that were made during the project.
- A statewide steering committee was established representing current PECC's, educators, system administrators and pediatric physicians.
- The steering committee met routinely via web meetings and in person to discuss methods and solutions of establishing the PECC program.
- A social media presence was established to improve communication and solicit feedback from interested and current stakeholders.
- Regional EMS Councils were engaged to enhance communications.

Next Steps

- Recruit subject matter experts as champions for PECC programs and resource development.
- Continue to develop How2 documents to support the PECC and medical director role.
- Expand EMS agencies and medical director awareness of the PECC.
- Assist EMS agencies in establishing a PECC.
- Expand the PECC role into additional levels of the PVRP.
- Continue website development with PECC specific web links, resources and support for coordinators and medical directors.

References

1. Katherine Henrich, Lori Orsso, Kathleen Adalgas, Mariah I. Shah, Julie C. Leonard & Rebecca Chanchaleki (2017) Resource Document: Coordinator of Pediatric Emergency Care in EMS Systems, *Phonographic Emergency Care*, 21(3), 399-407. DOI: 10.1080/09637216.2016.1258257

Funding

The project was funded by the Health Services and Resources Administration, Maternal and Child Health Bureau Division of Child Care, Administration, and Family Health grant HRSA-16-027

www.papec.org

Questions, comments, and suggestions may be submitted via email to: PECC@PEHSC.org

PAPECC - LC Roadmap to success

- Sept 2018**: Steering Committee Identify and Recruit
- Oct**: SC WebEx
- Nov 1**: SC WebEx
- Nov 19**: SC WebEx
- Nov 21**: SC WebEx
- Dec 5**: Introduce to MAC Pre-recorded presentation; State EMS Advisory Council Stakeholder awareness and feedback; Survey Agencies, obtain and analyze data
- Jan 30-Feb 1**: SP LC Brainstorming Austin Tx meeting with project partners
- Jan 25**: SC WebEx Review progress, Mission, Vision, Deliverables
- Jan 4, 11, 22**: SC WebEx
- Feb 5**: Re-survey Agencies, specific data requests; DOH - LC Leadership Project update - Injection; SC in person mtg Refine program, deliverables
- Feb 8**: SC WebEx Continued refinement
- Mar 8**: Updated EMS Council Progress, needs, deliverables
- Mar 18**: Update State partners Project status, successes, barriers
- Mar 22**: Website live Printed materials received; Stakeholder in person Project summary, deliverables, status, future state
- April 1st**: Website live

- Public Safety school education at all grade levels
- Staff preparedness and education
- Toy Run

Connor Joseph is with Lenny Brown and 2 others.
December 15, 2019

Thank You Lenny Brown for organizing this event and getting GFAC involved with the 10th Annual Operation Christmas Kids Toy Run. It was a success and a great day. I am already excited for next year. Lots of kids will appreciate all the toys they received from this event. Thanks to Plymouth Ambulance for making this possible!

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Critical Care Transport Task Force

The task force met on October 10, 2019, for its annual fall meeting. The group was also scheduled to meet in March for an annual spring meeting, however, due to the COVID public health emergency, this meeting was cancelled.

The critical care transport resource jointly developed by PACEP and PEHSC is under review/revision. The following draft additions and/or changes were discussed in an effort to further assist transferring facilities to choose the right level of care and mode of transport based on patient acuity:

- Add links to additional online resources on scope of practice, protocols, etc.
- An ideal vs. available resource decision algorithm; includes mitigation strategies when ideal resource is not available, and transport is judged to be time sensitive. Includes “just-in-time-training” where an ALS provider would be provided education on medication or therapy not on the approved list of that provider level prior to transport. This is a controversial issue – should it be included in the final document? Currently no mechanism for this exists in EMS regulation or DOH policy. To do this without system-level change, a provider runs the risk of violating their scope of practice. The consensus is to remove the option from the algorithm until its implications can be further explored.
- Add verbiage that directs a facility to early access with expert consultation.
- Change references to “EMS Trained Physician” to “EMS Physician.”
- Change the title on the map graphic from expert medical consultation to just “CCT Resource Contact” due to concerns that physician consultation may not be immediately available at non-hospital based critical care agencies.

The task force conducted a review of the current critical care medication list and scope of practice. Items discussed include:

- Add Keppra to the approved medical list - this is a safe anticonvulsant that is in wide use.
- Can a stable patient with thrombolytics infusing be safely transported by a CCT paramedic outside the presence of a PHRN? Concern was expressed about need to control other parameters during infusion, e.g. blood pressure. Since this was an issue of particular interest from MAC, the task force will seek their input.
- In discussing various medications and procedures, the question was raised regarding the ability to gather data from CCT agencies on need for critical interventions during transport? Anecdotal information suggests that no patient

decompensation or need for critical intervention occurs in the majority of CCT transports. While the complexity of some patients and their ongoing care may require a multidisciplinary team, is this a small percentage of CCT transport population? If the patient is stable at the time of transport and there is no expectation of decompensation or need for critical intervention during transport, is there a real need for a PHRN on such cases? PHRN resources, like other EMS provider resources in Pennsylvania, are in very short supply. We need to ensure this limited resource is available for those patients whose condition requires their expertise.

- Allow the critical care paramedic to monitor levophed and phenylephrine infusions.
- With regard to references in the scope of practice related to monitoring of chest tubes; although there is a typographical error in the document, making it appear that a PHRN is permitted to insert a chest tube, both lines were intended to address monitoring during transport. In hindsight, there is no reason to differentiate between an acutely placed tube vs. a tube under closed suction. The line referencing acutely placed tubes should be eliminated; acutely placed chest tubes are routinely connected to a closed suction system.

The task force resolved to recommend these changes.

Unmanned Aircraft Systems

The task force discussed the growing concern regarding unmanned aircraft systems (UAS [UAV]) interfering with medical flight operations. The use of unmanned aircraft systems, i.e. “drones” continues to grow in the United States. They are particularly popular with hobbyists, photographers, electronic news media and public safety as part of an incident management strategy.

These aircraft are small, agile, fast and incredibly difficult to spot, especially for other aircraft. There have been numerous reports of UAS near-misses, actual strikes and incursions into controlled airspace. Fortunately, there have been no reported crashes associated with UAS. Air Ambulances are particularly at risk when operating at an emergency incident. FAA regulations require UAS operators not to interfere with emergency incident scenes; violators can be subject to substantial fines.

Nationwide, air medical programs have initiated public information and education (PI&E) campaigns to raise community awareness of this threat. In Pennsylvania, Penn State Health’s Life Lion Critical Care Transport Service launched the “NO DRONE ZONE” campaign.

The task force members discussed the need for a broader campaign in Pennsylvania to protect our air ambulances. This would involve a commonwealth-wide effort coordinated by state government. The general feeling is yes, if funding can be identified, it would be appropriate for state government to initiate a campaign.

The task force resolved to recommend the Department of Health explore a public information and education campaign to increase safety awareness when operating a UAS in proximity of an emergency incident.

Education Task Force

The EMS Education Task Force met on February 6, 2020. The meeting format was an update to several items previously discussed, including: the Education Standard Operating Procedural Manual as prepared by DOH for regional councils which outlined policy guidance was reissued in January; the process to register grand rounds for credit multiple times in a certification period; the 30 day registration rule for continuing education; the role of BLS Educational Institutes in AEMT education and the national effort for the Paramedic Degree requirement to advance the profession.

New items discussed by the committee included: minimum and maximum hours for certification courses including the consideration of tools to benchmark performance rates; National Educational standards; AEMT protocols; Continuing education programs for EMSVO credits and changes to the NREMT Practical Exam to include the removal of spinal immobilization.

State Plan

Based on discussions about the possibility of a NHTSA Study, the State Plan from 2010, as developed by the Pennsylvania Department of Health, with assistance from the PEHSC provider network, was not revised during the fiscal year.

Special Operations Task Force

At the request of the Department of Health, The Special Operations Workgroup was reconvened to review and continue work on the proposed tactical medicine standards, submitted in VTR 0617-01. The rules and regulations for Pennsylvania's EMS Act provide for an expanded scope of practice for providers who have completed Department approved education in this area of special operations. The Department recognizes the need for advancement in this specialty.

The group met multiple times and is focused on revising the scope of the initial VTR as well as updating it to current tactical medical standards. Work on this project continues with the primary objectives of completing the updated tactical medicine recommendations and then moving on to completing the same process with proposed Wilderness Medicine standards, initially outlined on VTR 0617-02.

Community Paramedicine Task Force

The CP task force met on February 12, 2020.

Rep. Ryan Bizzarro's reintroduced CP legislation in this session (HB1113), however he has been asked to hold on the bill until the issue of DOH authority over CP has been resolved. The working assumption, based on the position of the previous BEMS director, has been that the DOH has authority to promulgate regulations for CP – this apparently is not the case.

Currently, BEMS has been informed by the DOH Office of General Council that DOH currently lacks authority under Act 37 to regulate CP services as part of EMS System. Act 37 defines "EMS" as either emergency response/care or medical transportation – counsel says CP does not meet this definition. DOH is supportive of CP programs and would like to work with stakeholders to develop draft legislative language. Could be as simple as amending the definition of EMS or inserting other enabling language.

A concern was expressed that because CP is currently not part of PA's EMS system, agencies and providers do not have liability protections afforded under the EMS Act. As such, these services are currently being delivered based on the agency medical director's authority under the delegated practice provision of the PA Medical Practice Act. It is vitally important that CP agencies communicate this information to their medical director, insurance carrier and legal counsel to address any risk management concerns. Based on an archive letter from the BEMS about immunizations as it relates to delegated practice by the medical director; in that letter she acknowledged the State Board of Medicine considers a paramedic to be a health care provider for the purpose of delegated practice.

In any program, there are functional elements that are considered "essential" for the program's success. The task force has identified the following elements to be essential to community paramedicine programs (this is not intended to be an all-inclusive list).

- A physician champion. The medical director plays a pivotal role in promoting to their peers the benefits of CP and providing direction and support to community paramedics.
- Identifying measurable outcomes to determine program efficacy and value-added status.
- CP access to hospital EHRs and conversely, a hospital's ability to access CP patient care records in real time.

The group discussed the CMS ET3 pilot program. Does this program have any current or future implications for community paramedicine? Currently, this program is strictly for emergency calls dispatch by a public safety answering point. It has no direct CP implications. One aspect of this program involves the use of telehealth for live physician consultation. Telehealth may become an integral part of CP in the future; one program indicated they are beginning to use this technology.

Medical Advisory Committee

The Medical Advisory Committee (MAC) met four times this fiscal year.

2019 ALS Protocol & Scope of Practice Follow Up

- a. Excited delirium protocol: requirement to contact medical command prior to administering ketamine:
 - i. Presentation by the City of Allentown EMS. Presentation proposes to change the verbiage in the protocol to be consistent with the agitated patient protocol: "Contact Medical Command If Possible" prior to administering ketamine.
 - ii. Although true agitated delirium is less common than other forms of agitation, when it occurs it is an emergency and ALS should be permitted to administer ketamine prior to medical command.
 - iii. The principal physician for the current ketamine pilot project supports the proposed protocol change.
 - iv. More education is needed for EDs so they are more comfortable with receiving deeply sedated patients.

The MAC resolved to recommend the excited delirium protocol be amended to include the words "if possible" to the medical command box.

- b. Mechanical ventilation protocol: management of long-term ventilator patients requiring pressure support or pressure control:

- i. ALS is encountering chronic ventilator patients using pressure support/control at LTACHs or upon discharge from an acute care setting to an LTACH or similar facility.
- ii. Current ALS protocol and scope of practice restricts an ALS paramedic to mechanical ventilation using volume control. For agencies with transport ventilators capable of pressure control/support, it would be advantageous to maintain the ventilator settings established at the discharging facility.
- iii. During the protocol review process, recommended language to address this issue, however this language was not included in the final draft. The committee seeks to have the protocol updated to include this language.

Prehospital Airway Control in Trauma (PACT) Research Proposal

Dr. Frank Guyette presented a research proposal on advanced airway placement in trauma patients, comparing the effectiveness of traditional endotracheal intubation with various supraglottic devices.

This is a multi-state, multi-center study (8 states and 28 EMS agencies) funded by the DOD. In Pennsylvania, participating agencies include the City of Pittsburgh EMS and Emergycare. Participant groups will switch between advanced airway devices every 6 months over the 4-year study period. The project has received approval from the UPMC IRB and final DOD approval is expected in the first quarter of 2020.

The MAC resolved to recommend PA Department of Health approval of the project.

AEMT Protocol Update

Dr. Kupas presented the first draft of the statewide AEMT protocol update for discussion. Changes in the protocol are driven by corresponding changes in the NHTSA National Scope of Practice Model and the pending pilot project in the EMS West region to allow AEMTs to practice more autonomously due to dwindling paramedic resources in some areas.

Bridge education will be needed to bring current AEMTs up to speed on the proposed changes, particularly in the area of medication administration.

Sedation Assisted Intubation-Ketamine Pilot Project Update

To date, the pilot has enrolled 87 cases, among 7 different EMS agencies with no adverse outcomes. This project is scheduled to conclude in December 2019. Dr. Wang believes the success of the project is such that ketamine should be considered for

addition to the existing ALS sedation assisted intubation protocol during the 2021 update cycle.

In order to allow the participating agencies to continue using ketamine for ALS airway control and gather additional project data, Dr. Wang is seeking the MAC's support to extend the current pilot until the next protocol update. A suggestion was made to invite ALS agencies currently using etomidate for SAI to join the project – Dr. Wang indicated his support as it may result in enrolling additional cases for the final analysis.

The MAC resolved to support a request to the Department of Health to permit additional EMS agency participation in the project.

Dispatch and Utilization of iALS Units

A concern has been raised that iALS agencies and AEMTs may be holding themselves out at ALS agencies/providers. Even though these agencies/providers are technically functioning at an ALS level when providing certain types of care and do have the ability to bill for services at an ALS level, they are not full-fledged ALS agencies with which the community is familiar. It is important these agencies accurately portray themselves in the community, especially when speaking to local elected officials or PSAPs.

It was noted that an iALS agency is not a “replacement” for an available ALS resource, but rather is intended to provide limited advanced care when an ALS unit is not immediately available.

What steps can the BEMS could to ensure iALS agencies are not misrepresenting themselves in the community? The BEMS Director commented that although an iALS agency does provide some limited ALS level of care, they need to take care not to misrepresent themselves or confuse local elected officials about their capabilities, to do so could be construed as a violation of their license. He reminded the committee that the Department of Health has no regulatory authority over which EMS agency a local government selects as its primary responder nor do they have authority over PSAPs. The MAC resolved to request the BEMS publish general information and voluntary best practices for use by local governments and PSAPs when addressing requests from an iALS agency.

Prehospital Administration of Antibiotics in Open Fractures

Dr. Kupas provided a presentation on the use of antibiotics in the prehospital setting for patients with identified open extremity fractures. He recently heard a presentation on

this at a national meeting with reported positive results in terms of preventing infection. He thought perhaps this is an opportunity for a statewide pilot program in PA.

It was noted that such an initiative could have positive impact in rural areas where time to definitive trauma care can be delayed. Dr. Kupas has requested data from PTSF on current time-to-antibiotics after the patient arrives at a trauma center.

Participating agencies will be responsible of the cost of obtaining the antibiotic, which is between \$3-\$15 per gram dose.

An education program will be developed for providers of participating agencies and placed on TRAIN PA.

The MAC resolved to support this pilot program.

Proposed Revisions to COVID-19 Cardiac Arrest Interim Guidance

It's important to remember that is interim guidance, not a protocol. It emphasizes PPE use within standard cardiac arrest protocols. Some expressed concern about over emphasis on COVID-19 with patients in cardiac arrest in terms of providing aggressive, appropriate care. Clinical care should not change merely because a OHCA patient is suspect to be COVID+.

Endotracheal intubation vs. use of supraglottic airway: The EMS agency medical director should provide direction on preferred device. AHA recently made statement supporting ET intubation, however this was not evidence based. What is the best way to reduce aerosol generation? Consider use of some sort of hood/shield/drape. Use of inline HEPA filter on BVM if possible.

Field termination is not different from that which is recommended in current protocol; no ROSC = no transport. If cardiac arrest occurs during transport, pull over to perform high quality CPR. If considering field termination during transport phase or in EMS rendezvous situation, the agency may want to consult coroner beforehand to see what they prefer in this situation. If transported to the hospital per coroner – these patients should generally be taken to the morgue, not the emergency department.

When arriving at the hospital, should ventilations stop from door to treatment area to avoid aerosol in hallways, etc? This would be difficult to operationalize across the state. If a hospital wishes to employ this procedure, this should initiate this sort of thing at the door with the EMS crew

A recommendation was made to add a bolded statement that stresses the involvement and decision making from the agency medical director to operationalize this interim guidance.

The MAC resolved to support the revisions to the current interim guidance.

Recommended Changes to EMSIB 2020-13: Substitutes for Aerosol Treatment

The bulletin recommends use of MDI with spacer, IM Epi or IM terbutaline as a possible alternative to aerosol treatments. It also permits the administration of IM Epi prior to medical command if provider chooses that medication.

Terbutaline is an authorized medication; however, requires medical command consultation. In some areas MDIs are not readily available, but agencies have access to terbutaline. As such, they would like to be able to use above the medical command line similar to IM Epi. With the other available options, is making a protocol revision to move terbutaline about the medical command line warranted? Dr. Kupas feels better to change the protocol if MAC feels it appropriate – easier to operationalize.

The MAC resolved to support amending the applicable statewide treatment protocols related to administration of terbutaline prior to medical command and permit IM or SQ administration.

Additional Projects

EMS Week – As tradition, the PEHSC requested and received both a House and Senate Resolution for EMS Week. The Council also requested and received a Proclamation from the Governor's office

Line of Duty Death (LODD) - The PEHSC LODD Task Force chairperson began preparation of a strategy to review the current language and offer recommendations on changes that will allow for benefits to be paid to all EMS providers, regardless of employer, in the event of a LODD.

Specifically, the current language in both PA Acts 101 and 51 allows for death benefits to be provided only to members of municipal-based EMS agencies. This excludes a large number of PA's EMS workers.

The goal is to further examine these issues and offer recommendations that would allow for all EMS providers to be eligible for LODD benefits, regardless of employer and to streamline the process for obtaining LODD benefits while decreasing the stresses placed on affected agencies and loved ones.

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

Corporate Committees – In accordance with PEHSC bylaws, the following committees were established and functioning during the fiscal year: Membership, Nominating, and the Executive Committee, which met monthly.

Recruitment and Retention – In an effort to support continued incoming recruitment inquiries from our website www.pa-ems.org we requested additional funding from the Department to update the website. The request included the current websites data to support its viability. Unfortunately, the Department was unable to fulfill this request.

Member Surveys – PEHSC conducted the following surveys this year:

National EMS Education Standards

County Commissioners Association - EMS Authorities

CCT Transport of COVID -19 Patients

COVID -19 Questions for Open Forum with BEMS

EMS Involvement in Contact Tracing

National Association of EMT's - The PEHSC staff participated in national efforts for EMS legislation and education to providers on these topics.

Legislative Affairs

Senate Resolution 6 (SR 6) – The Council participated in the continued legislative hearings and efforts related to the SR 6 Commission report.

The report recommendations assisted both the House and Senate in the preparation of a planned package of bills focused on emergency service needs across the commonwealth to be released in the Fall of 2019. The Council continued to monitor these efforts and provided educational support as needed.



The Council educated legislators and staff on the system components related to the mental health bill HB 1459 and well as the continued decline of the EMSOF and the need for relief as proposed in HB 1838. Staff worked with partners and the PEHSC Board to review the County Commissioners Association proposal to permit EMS Authorities in PA.

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

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

2. Mobile Integrated Health Care/Community EMS: Support legislation to recognize and fund mobile integrated health care as performed by EMS agencies
3. Healthcare Providers Shortage: Support efforts to provide incentives to recruit and retain a sufficient healthcare provider force; incentives may include certification exam and continuing education educational funding support, tax credits, and reduced tuition fees for EMS providers and families to attend in-state colleges and universities.
4. Grants: Support legislation to provide for grants both at the state and federal level for EMS agencies. Support grant funding to assist in the process of official agency level mergers, consolidations, and partnerships
5. PA Low Interest Loans: Support legislation to provide for expanded low interest loans at the state level for EMS agencies.
6. Reimbursement: Support legislation that provides appropriate reimbursement levels for EMS services from Medicare, Medicaid and other insurance entities in general and to fund treat and transport and treat and no transport activities. Support legislation that provides direct payment and appropriate payments for EMS agencies from Medicare and other insurance entities
7. Provider Health and Safety: Support legislative efforts to protect EMS providers from infectious diseases and ensure the inclusion of providers in the prophylactic treatment for exposures to infected patients and/or hazardous environments. Support legislative efforts to maintain CISM services for the mental health needs of the field providers. Support legislative efforts to keep appropriate LODD benefits for all emergency providers.
8. Patients: Support lawful efforts to protect patients from providers who have been charged and/or convicted of crimes that jeopardize the safety of the patient.
9. Communications: Support efforts to fund a stable and enhanced 911 system to include Emergency Medical Dispatch.
10. Malpractice Insurance: Support efforts to reduce premiums to sustain a viable physician work force to support EMS agencies and related specialty areas.

2019 Pennsylvania EMS Awards

The 2019 Pennsylvania State EMS Award recipients were formally recognized at a ceremony held at the 42nd Annual PA EMS Conference in Manheim, Pennsylvania. The State EMS Awards (9) were presented at a public ceremony in the afternoon, followed by a buffet meal. These individuals and organizations showed dedication to their EMS agencies and communities and embody the ideals of the Commonwealth's EMS system.

EMS Agency of the Year Small Agency Division



Washington Fire Co. Community Ambulance
Region: Schuylkill County

EMS Agency of the Year Large Agency Division



Greater Pittston Regional Ambulance
Region: Luzerne County

ALS Practitioner of the Year



Amanda Rosito
Life Lion Critical Care Transport
Region: Dauphin County

BLS Practitioner of the Year



Richard Strous
Old Lycoming Twp. VFC
Region: Lycoming County

EMS Educator of the Year



Brian Focht
Willow Grove Fire/Horsham Fire
Company
Region: Montgomery County

**David J. Lindstrom EMS
Innovation Award**



Michael Fitzgibbons
Susquehanna Valley EMS
Region: Lancaster County

EMS Communications Award



Sara Stauffer and Emily Gallagher
Montgomery County Public Safety 911
Region: Montgomery County

Rescue Service of the Year



Trevose Fire Company
Region: Bucks County

**Amanda Wertz Memorial EMS
for Children Award**



Kay-Ella Bleecher, MSN, CRNP, PHRN
Region: York County

**Dr. George Moerkirk
Outstanding Contribution to
EMS Award**



Patrick Shoop
FAME EMS
Region: Mifflin County



Pennsylvania's 42nd Annual EMS Conference

The 42nd Annual PA Statewide EMS Conference was held at the Spooky Nook in Manheim, PA, on September 4-6, 2019. The event is co-sponsored annually with the Pennsylvania Department of Health, Bureau of EMS

Conference Objectives

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

Conference Highlights

- Three nationally recognized keynote speakers
 - Educator and EMS columnist Nancy Magee offered topics specific to volunteer recruitment and retention as well as the well-being of the EMS provider.
 - Christopher Ebright, representing the National EMS Academy, presented three sessions specific to pediatric medical emergencies.
 - Well known attorney Stephen Wirth presented sessions on documentation and risk management topics.
- Four (4) preconference sessions offered additional education in both clinical and management topics in full and half-day formats
- A total of 29 additional educational sessions provided EMS continuing education credits in the Clinical, Other, and EMSVO categories.
- Fully utilizing a unique feature of the venue, a practical skills session highlighting the challenges of extricating a patient from a gymnastics foam pit was offered.

- The Pennsylvania State EMS Awards were presented at a public reception on Thursday evening that included hors d'oeuvres, bar, and networking time with exhibitors.

	2014	2015	2016	2017	2018	2019
Total Attendance	441	254	331	317	445	497
Multi-Day General Conference	250	98	20	221	206	241
Single-Day General Conference	64	81	47	64	60	43
Exhibitors	44	37	25	25	51	100
Registered Nurse Attendance	33	20	27	27	19	26
Preconference Attendance	183	69	50	86	109	87

Certification Level	#
Emergency Medical Responder (EMR)	1
Emergency Medical Technician (EMT)	144
Paramedic	81
RN / PHRN	26
Other / Not Specified	12

Participants represented quick response services, ambulance services, fire and rescue services, hospitals, and other public safety agencies.



Professional Development & Outreach

Summary of Regular Meetings/Events Attended by PEHSC Leadership & Staff

(Note: Many events have been cancelled or transitioned to virtual events due to the COVID 19 pandemic)

- 2019 Pennsylvania Fire & Emergency Services Institute Annual Conference and Dinner
- SCAN EMS Advisory Board Meeting
- American Trauma Society – PA Chapter Conference
- 9/11 Event at the Capitol
- PEMA 9-1-1 Advisory Board
- HRSA EMSC Town Hall Conference Calls
- PA Safe Kids Meetings
- American Academy of Pediatrics Meetings
- Volunteer Loan Assistance Program Meetings, monthly
- Eastern PA EMS Council Conference
- Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors Meetings
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings

Continuity of Operations and Emergency Response Plan

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

Website

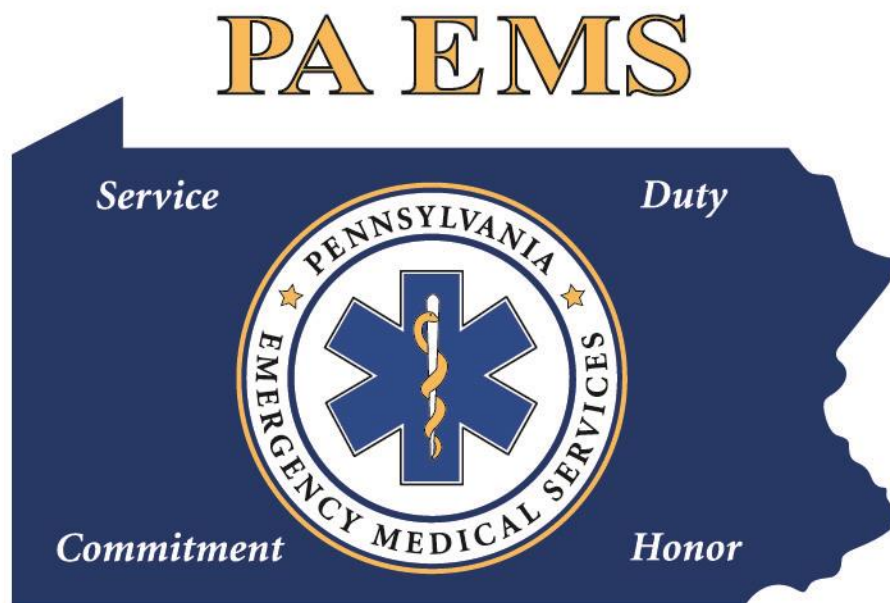
PEHSC maintains a website with information about the organization and with clinical and operational information for EMS agencies and EMS providers. Last fiscal year, the website had 60,757 page views from visitors looking for resources and information about the Council and its activities. PEHSC also maintains an EMS for Children website that provides information about the program and provides resources to EMS agencies, EMS providers, and the general public about response to pediatric emergencies. Last

fiscal year, the website received 7,780 page views from visitors seeking information about pediatric emergency response. A website for the PECC project was added this year – www.PAPECC.org

Finally, PEHSC maintains a statewide EMS recruitment website for the public. This site was established to provide information on the steps of certification for those interested in an EMS career and information to link potential students to educational institutes across the Commonwealth. Unfortunately, this website was hacked by malicious software and had to be taken down; this site will remain out of service until additional funding has been secured from the Department to update its content and security. No additional funding has been made available.

In Memory

Kevin Bundy
Theodore Dybus
Jeremy Emerich
Rick Johnson
Matthew Smelser
Doug Zima





Acknowledgement

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

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

Submitted to the Pennsylvania Department of Health August 30, 2020

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