

State EMS Advisory Board Meeting
May 11, 2001 – 1:00 p.m.
Embassy Suites Hotel – Richmond, Virginia

Attendees: Don Barklage, Liz Martin, Jim Hurlock, Scott Chandler, Richard Johnson, Mike Freeman, Claude Webster, George Langford, Tommy Harvey, Linda Sayles, Chip Decker, Allie Maddra, Stewart Martin, Genemarie McGee, David Palmer, Michael Player, John Snyder, Kent Weber, Carl Wentzel, Jeffrey Young, and Joanne Lapetina,

Absent: Earl Carter (excused), Margaret Dolan

Others Present: Rob Logan, Bill Meadows, Jim Chandler, Connie Purvis, Michael Berg, P. Scott Winston, Robin Kurz, Gary Brown, and Tracie Jones

CALL TO ORDER-

p.m.

Dr. Lapetina called the meeting to order at 1:04 ~~a.m.~~

APPROVAL OF MINUTES / AGENDA-

The first order of business was to approve the minutes from the last meeting and the propose agenda for this meeting. **The minutes were approved.**

CHAIRMAN'S REPORT-

There is no new funding for EMS at this time. Dr. Lapetina said that she is contemplating ways to work the funding through the next legislative cycle. Dr. Lapetina will report her thoughts on funding at the next meeting of the Advisory Board.

VICE CHAIRMAN'S REPORT-

No report.

STATE EMS MEDICAL DIRECTOR'S REPORT-

Dr. Gilbert was not present at the meeting; and therefore, there is no report.

STATE EMS ADMINISTRATIVE REPORTS-

Gary Brown, OEMS Director:

Mr. Brown introduced Robin Kurz, from the Office of the Attorney General, who is the Office of EMS contact for legal issues.

Mr. Brown referenced the Office of Emergency Medical Services Quarterly Report to the Advisory Board; and said that board members should find any information they want about the activities of the OEMS over the past three months in that report.

OEMS Web Site- The Office of EMS is in the process of updating their web site and encouraged board members to visit the site. Several new features have been added.

1. List of statewide consolidated test sites.

2. List of technicians by primary agency affiliation.
 - a. The site is not set up to reflect whether a technician has passed his/her test.
3. By June 1, all providers CE records will be posted on the web site.

Durable Do Not Resuscitate Regulations (DDNR)- The Board of Health met and ratified Dr. Peterson's adoption of the Durable Do Not Resuscitate regulation. There was an amendment with the regulation that has to do with alternative forms of identification (bracelets and necklaces). This was an issue that the Office of EMS had brought forth to the Board of Health in a decision memo. Robin Kurz has been working with Doug Harris from the Department of Health on the amendment language.

Proposed Regulations- Mr. Brown recognized everyone who has participated in the process. Special recognition was given to Claude Webster who attended every public hearing throughout the state.

Regulations Governing Regional EMS Councils- The Office of EMS is working on these regulations. This has been a "stop and go" situation. A part of this process is a designation process that will be incorporated into the Regulations. The Office of EMS is prepared to submit a Notice of Intended Regulatory Action (NOIRA) in the near future.

Regional Council Services / Office of EMS- Mr. Brown said that they are in the process of reviewing Regional Council Services and the contractual relationship of the councils with the Office of EMS. The Office of EMS is attempting to establish a process for reviewing issues of concern. Mr. Brown clarified that the Office of EMS has not declared any new boundaries for the councils nor made any statements to that effect. The Office of EMS has been having discussions, internal and external, regarding this issue.

EMS Critical Needs- This is regarding earmarking some RSAF funds for that purpose. There will be a presentation to the Board on this subject made later in the meeting by Ed Snyder.

Public Service Week- Governor Gilmore declared the week of April 29-May 5 as Public Service Week. Mr. Brown recognized agencies and individuals who helped support this event. Mr. Brown thanked the Richmond Ambulance Authority, Hanover EMS, and Lifeline Ambulance.

Office of EMS Annual Report- The Office of EMS put the annual report in the form of a poster this year. All Board Members should have received a copy.

Office of EMS Retirements- Bill Meadows is retiring September 1. Neil Stallings, the Program Representative for Northwest Virginia, is retiring effective August 1. Anita Brennan, our receptionist, is retiring effective June 30. Mr. Brown proposed that the Advisory Board, on the night before the meeting, have a reception for those three employees. More information will be forthcoming.

Michael Player made the following resolution:

MOTION: Recognizing that all three of these individuals contributed significantly to the EMS system, the Advisory Board approves a resolution to be presented to these individuals.

The motion was seconded; and the Chair opened the floor for discussion. Hearing none, the vote was taken. YEAS = 21; NAYS = 0; ABSTAIN = 0. **The motion was approved unanimously.**

Scott Winston, OEMS Assistant Director:

All issues of concern that he has are already covered in the Quarterly Report.

OFFICE OF THE ATTORNEY GENERAL

Durable Do Not Resuscitate (DDNR)-

Robin Kurz reported that the Board of Health is working on Durable Do Not Resuscitate regulations. These regulations are almost in final form. There is an alternative form being devised for elderly people who find the paper form inconvenient to carry when they leave home. Using bracelets or necklaces is being contemplated and that will be specified in the actual regulations so that the Board would not have to do it later. The regulations will specify that the Board will contract with a private company to provide bracelets or necklaces that will be easily identified as DDNR order.

EMS Providers Immunity-

Ms. Kurz reported that recently an issue was raised in regards to emergency medical services and immunity of EMS providers. The Commonwealth generally is subject to sovereign immunity as well as its agencies. Also, there are a couple of statues that confer immunity for licensed providers of emergency medical services.

National Criminal Background Checks-

On January 1, 2001 a new statue became effective that allows for a national criminal background check for persons who will provide unsupervised care to children, elderly, or disabled individuals. An agency may request the state police to do this check. There is a cost involved. The statute does not require this background check.

Child Safety Seats in Ambulances-

Another issue that has come up is regarding child safety seats in ambulances. There is a Virginia statute that says that any motor vehicle shall have a child safety seat. The Office of the Attorney General has also issued an opinion that this applies to any vehicle, including ambulances unless the design of the vehicle makes the use of a child safety seat impractical.

Ms. Kurz was asked if immunity extends to the Medical Director of an EMS agency. Ms. Kurz said that she was not sure and said that she would research that question

COMMITTEE REPORTS:

Communications Committee-----Scott Chandler

The committee has not met formally but has been communicating via email. At the last EMS Advisory Board meeting, the Board requested that the Communications Committee work with the EMS Emergency Management and Disaster Response committees to draft alternative language for the regulations. Draft language was developed and forwarded to staff at the Office of EMS and the Communications Committee for review. The draft takes a different approach, taking away the VHF initiative as it tries to cover all the various areas that will allow agencies to develop a comprehensive communication system. Copies of the draft are available. Mike Player pointed out that this is an area that has been consistently “beaten down” in the Rules and Regulations; and therefore, the draft should be circulated as much as possible. The Board members were asked to review the draft and to give the committee their comments.

CISM Committee-----Linda Sayles

The committee has no action items only informational items. The CISM Conference was in session and there were 161 participants at Virginia Beach.

EMS Emergency Management Committee -----Michael Player

The committee has met once since the last EMS Advisory Board meeting. They had no action items but had several informational items. The triage tag RFP is going out. There are about 30,000 tags left in stock and once they are depleted agencies will purchase the tags directly from the chosen vendor.

The Mass Casualty Incident Management Instructor Rollouts are scheduled to begin in Virginia Beach on August 11-12, 2001 and ending March 2-3, 2002 in Roanoke. There will be 10 rollouts throughout the state. The schedule will be posted on the web page and is available in the Quarterly Report. This is a two-day program. On the second day of the program they will be covering instructional materials. They have purchased instructional materials through federal funds. This is a new program and all instructors, even if they have been through a prior program, will have to go through at least the second day of this program in order to get the new materials and get Category 1 credit.

Mr. Player attended the National Disaster Medical System Conference in Dallas, Texas in April. At the conference there were several vendors who had programs for sale to assist communities in the management of hospital divert situations. There were several reports presented at the convention that included reports on the status of the nation’s search and rescue capacity.

Emergency Medical Services for Children-----Petra Menzel

Ms. Menzel, the Program Coordinator, reported on behalf of Dr. Dolan who could not attend the meeting.

The Committee met on May 10. They have no action items; but they have some informational items. They are continuing to do statewide systems development. This consists of pediatric training and purchase of needed pediatric equipment for the regional councils. This year they funded nine agencies with their Injury Prevention initiative.

EMSC is in a collaborative effort with the State Health Department to implement Risk Watch and they are planning to adopt five new communities. Risk Watch is an Injury Prevention curriculum scheduled by the NFPA (National Fire Protection Association). There is no cost to the communities that are being adopted; there is just a time commitment. There needs to be five members from the community that go in and adopt a school. It is a pre-packaged curriculum for Pre-K through Grade 8.

EMSC is working collaboratively with the Department of Social Services to create a curriculum for childcare centers in Virginia, focusing on injury prevention; and another curriculum on emergency disaster preparedness. EMSC has been working for the past two years on a survey assessing the emergency disaster preparedness of kids in Virginia public schools. That report has been completed and can be made available.

EMSC has updated their Pediatric Morbidity and Mortality Report. This report will be posted on the EMSC web page.

May 23 was proclaimed as National EMS for Children Day by the Maternal Child Health Bureau and the American College of Emergency Physicians.

Evaluation Committee -----

No report.

Financial Assistance Review Committee-----Ed Snyder

F.A.R.C. met on May 10. They had one action item and one informational item as a result of that meeting. They also have one item they want to bring out for discussion and possibly forwarding to another committee. Ed Snyder made the following motion.

MOTION: The Financial Assistance Review Committee is proposing creation of an EMS Critical Funding Needs Initiative. This initiative would be utilized to assist system members of the critical needs that may exist outside the umbrella of the current grant program. Requests would be submitted to the Program Manager and an administrative review process would make the determination. Any appeals would be subject to the review from the Financial Assistance Review Committee members at the next scheduled meeting. Funding for this initiative would be

derived from the interest that is accrued from the existing RSAF fund plus any carryover funds from the previous grant cycles. The amount would be maintained on an annual basis and any unused funds in this initiative would be awarded to the grant request submitted in the last cycle of the fiscal year. Historically this would be the amount of \$300,000 annually.

The motion was properly seconded and the Chair opened the floor for discussion. The board members discussed how the process would work; and Mr. Snyder explained the committee's logic for bringing forth this motion. Some board members had concern about how the approval process would work. Mr. Maddra said he understood the concept because of the lack of adequate funding. However, he suggested that the Board ratify the concept at this meeting, and F.A.R.C. would work out details on the program and develop guidelines. The Board would then be more informed and better prepared to vote on a motion at the next meeting.

The following motion was made by Chip Decker and properly seconded.

MOTION: To table the motion allowing the Financial Assistance Review Committee to create an EMS Critical Funding Needs Initiative until program details and guidelines can be developed.

The vote was taken and **the motion was carried unanimously. YEAS = 21; NAYS = 0; ABSTAIN = 0.**

F.A.R.C. is in the middle of a review process of grants and have received a lot of requests to fund EMT programs. Some key issues are being revealed in these requests. One key issue is that EMS has been losing good EMT Instructors over the past several years to the Department of Fire Programs (DFP) and the Department of Emergency Management (DEM) because EMS Instructor Reimbursement rates are not competitive with DFP and DEM. This has resulted in EMS having fewer first-rate instructors and deteriorating quality of some programs. These issues are directly related to EMS financial problems. How this issue is going to be resolved is up to the F.A.R.C. members. Also, the Human Resources and Training Committee needs to address this issue.

The F.A.R.C. meeting for the awards is scheduled on June 8 in Marion, Virginia.

Human Resources and Training ----- Dr. Joanne Lapetina

No action items. Three pilots of the EMT Enhanced program will finish in June. At the next meeting the Board will get a report on how our providers did. On July 1, the Paramedic recert hours in Virginia will mirror National Paramedic recert hours. Letters are going out to that affect.

Medevac Committee----- Genemarie McGee

No action items. Their last meeting was May 2. They had representation from their

newest member Med Flight III. MCV gave a thorough presentation on their new rooftop helipad. The committee reviewed the regulations as they applied to Medevac and made recommendations on changes that they support. They also continued to work on Regional Medevac Services. Their next meeting is August 1.

Medical Direction Committee-----Dr. Stewart Martin

The Medical Direction Committee met on April 3. They have no action items but they do have several informational items. The Committee is currently working on the development of a Medical Direction Training Course. This should help with the new requirements of all Medical Directors of the state.

They had a presentation from Dr. Garth, one of their members, on two issues of importance. (1) *OMD Liability*- A sub-committee was set up to look at this issue. (2) *Training with airway management information and availability*- Currently intermediate level providers are required to perform live intubation as part of their clinical training. This has become a serious problem in many areas of the state where the Anesthesia Department does not allow medics into their departments to perform the intubation. A sub-committee has also been set up to discuss this issue to try and come up with some recommendations on how to work out this problem. Agencies in many areas of the state have tried approaching their Anesthesia departments and hospital administrators and have met with resistance.

The Medical Direction Committee considered the testing process for paramedic and other advanced level programs. They decided it would be appropriate to ask EMT questions in those exams. Therefore, when taking Paramedic or Intermediate exams or recert exams there will be EMT level questions on the test.

Public Information and Education ----- Robert Ryalls

The PI&E Committee has not met since the last meeting of the Advisory Board. The next meeting is scheduled on May 17, 2001 at 10 a.m., at the Office of EMS. There is a new item on the web site. There are two new Durable Do Not Resuscitate PowerPoint presentations that are available for download. One presentation is primarily designed for EMS agencies to modify and use locally and the other presentation is a shorter version that is for general education of the general public.

Regulation and Policy Committee----- Claude Webster

Mr. Webster thanked the members of the Committee and the OEMS staff for their continued support and dedication to the regulation process.

Public hearings were held throughout the state. The attendance at some of the public hearings was somewhat disappointing. Mr. Webster gave a couple of reasons for the low attendance. One reason is that there had been a lot of contact made through the

electronic mail system. Mr. Cullen received a lot of comments through email. In addition, various groups representing individual agencies have been very helpful in making suggestions. The committee also feels that the low attendance could also be attributed to some satisfaction with the regulations as they have been presented.

The three big issues that were repetitively echoed were (1) the communications issue; (2) AED's; (3) reserved vehicles. All of those issues are being revisited.

Most of the people who attended the hearings and made comments were straightforward with what they thought. That was greatly appreciated by the Committee. Suggestions from persons with adequate justifications on those issues were incorporated into subsequent revisions.

Version 3 is currently under development and will be ready for submission to the Department of Health the first part of June. At this time, it would be a bit premature to ask the Board to ratify the versions of the regulations as they stand. It is important, however, that the Board show their support. Mr. Webster requested that the Board ratify the process that the Committee is utilizing for the development and subsequent adoption of these regulations and proposed changes. This will provide a uniformed support for the proposals. Not specifically what is in there but the fact that there is agreement on the way in which the system is working. If that package is presented to the Department of Health it will go a long way. Mr. Webster made the following motion.

MOTION: The State EMS Advisory Board ratifies the process that the Committee utilizes for the development and adoption of the regulations and proposed changes.

The motion was properly seconded and the Chair opened the floor for discussion.

There was a lot of concern from Board members about passing this motion since they have not seen the final version of the proposed regulations. After much discussion, Mr. Player recommended that the motion be amended.

AMENDED MOTION:

The State EMS Advisory Board commends the Office of EMS for having an open process for the rules and regulations with review and for the manner in which they conducted this review as an open process involving the EMS community of Virginia.

The vote was taken. **YEAS = 21; NAYS = 0; ABSTAIN = 0. The motion carried unanimously.**

Transportation Committee -----George Langford

The Transportation Committee has no action items. They are following up on a request to look into the incidents involving EMS and Fire Personnel that have been struck or killed on the highways. They have established contact with Wayne Barnes from the Division of Safety within the Transportation Department of Virginia. They will be getting some information from him and there have been several conferences on this subject. He is going to advise EMS to see how they can interact and make the highway safer for providers.

Trauma System Oversight & Management -----Jeffrey Young

No action items. There are two trauma center reviews scheduled for May; and the new resource manual is out and has been distributed. They still need people for site visit teams. There is vacancy on the committee itself that they are working on trying to fill.

Regional Council Executives Directors ----- Jim Chandler

They have one staff change; the regional director for Peninsula EMS Council has left and they have appointed an interim director, Allen Foster. He has a three-month contract while they are in search of a permanent Executive Director.

The council directors have met a couple of times since the last regular Advisory Board meeting. They assisted OEMS staff in securing locations for the various public forums that were held to review the proposed regulations.

They met to discuss the proposed fiscal year 2002 state contract and provided a series of recommendations to the Office of EMS. These efforts have resulted in a contract that more accurately represents regional council resources and programs for the year ahead.

They had a regular quarterly meeting on May 10. Several issues were discussed. One issue was related to invoicing and reimbursement procedures related to the new contract. OEMS asked them to secure locations for the 10 Mass Casualty Instructor Roll Outs. Directors have been assigned several tasks associated with the reception for nominees held at the Symposium prior to the Awards Banquet. A number of technical issues related to replication of state databases at the regional offices were discussed, and they did agree to pursue an upgrade of the replication software at all the regional offices.

The councils have embarked on an effort to take a look at council insurance programs and benefit packages to see if by working together they can perhaps achieve some cost savings when purchasing insurance and benefits.

The councils also discussed the upcoming process for the development and implementation of the regulations governing EMS councils. The regulations will essentially replace the contract that the councils now have with the Health Department.

There are some potentially explosive issues in that regard relating to number of councils and the geographic boundaries of councils.

The council has the following recommendation.

The Regional Council Directors recommend that there be a technical writing group for the regulations; and that the regional council directors serve as part of that technical writing group. The Regional Council Directors further recommend that a consensus study group be appointed to address the issues of regional boundaries and the number and nature of regional councils. This group would be representative of the entire EMS system. The Regional Council Directors recommend that there would be two representatives, probably Board members from each regional EMS councils, and a number of other representatives, mainly from the organizations represented on the Advisory Board, include Medical Direction, the counties, the cities, the hospitals, fire services, emergency management, volunteer rescue squad association, commercial agencies, and OEMS representation.

MOTION:

The Regional Council Directors recommend that the State EMS Advisory Board appoint a consensus study group in the near future with the agenda to look at the number of, boundaries of, the purposes of, regional EMS councils. They recommend that this will be a facilitated meeting.

Michael Player moves that the Board adopt the recommendation and support the recommendation for a two-part process that such a group be constituted and that there be some event to create the discussion on that kind of issue.

Kent Weber seconded the motion. The Chair opened the floor for discussion. There was no discussion, and the vote was taken. **YEAS = 21; NAYS = 0; ABSTAIN = 0. The motion carried unanimously.**

PUBLIC COMMENT PERIOD

None

OLD BUSINESS

Jon Donnelly from the Old Dominion EMS Alliance gave an update on the hospital diversion issue and how it is being handled in the Old Dominion EMS Alliance. Since January 9, when the Richmond metropolitan area had a disaster where they had almost all of 13 hospitals in the metropolitan area on diversion there has been major progress. On February 12, under the leadership of Margaret Lewis of HCA Hospitals, a hospital diversion policy was developed that became an annex to their disaster plan. A major piece of the plan incorporated enhanced communications, whereby they have a central point where hospitals can report their diversion status and at that point dispatch that information to the other hospitals so that all the hospitals are aware of the diversion status

of their fellow hospitals at the same time that they give the information out to the rescue squads. This is now primarily done by telepaging. The plan has four stages; first stage being green; second stage being yellow – you have got to be ready something is going to happen; third stage being red in which case medical direction would begin with MCV beginning to direct traffic; and the fourth stage would be a disaster when all the hospitals are on diversion. There is excellent cooperation among the 13 hospitals in Richmond and the other four hospitals in the Peninsula area. A major glitch is in the communications area, the telepages are not yet working effectively. A task force has been established to look into enhancing communications by such things as reverse 911 where they would be able to contact all rescue squads, all EMS agencies, and all hospitals with a status and also the use of the Internet or the live site web page that would also keep people up to date.

NEW BUSINESS

Dr. Stewart Martin discussed his concerns and those of his representation about the Office of EMS' decision to no longer license federal agencies and some problems associated with this decision. Based on his concerns, Dr. Martin put forth the following motion.

MOTION:

The State EMS Advisory Board requests that the Office of EMS reconsider and again license any federal EMS agency that request such status, as long as the requesting agency meets all of the requirements of licensure. Federal agencies licensed will be subjected to the same standards as any licensed agency.

The motion was seconded and the Chair opened the floor for discussion.

Bill Downs spoke on the issue. He explained that after a careful review of the Code of Virginia and EMS regulations it is clear that federal agencies are exempt from EMS licensure requirements. The concerns voiced by Dr. Martin have been discussed in meetings with representatives of Federal agencies. The Office of EMS believes that these issues can be resolved through other alternatives. Dr. Martin pointed out that even though the Code says that Federal agencies are exempt, it does not say that they cannot be licensed. Mr. Downs explained that the Office of EMS is concerned that you can't enforce regulations if an agency is exempt. Robin Kurz, OAG's office, read the provision in the Code and the EMS regulations. She explained that based on the stipulations federal agencies would be exempt from all the provisions.

Dr. Lapetina said that the Code is obviously clear; but she did ask who would have authority to make a federal agency accountable. Mr. Downs said that federal agencies are accountable to the Inspector General's office.

Gary Brown said that OEMS expects the federal agencies to continue to be full participants. The Office of EMS is working with the military personnel and has

established a point of contact to work with each of their federal counterparts that have some issues with this new policy. Mr. Brown said that OEMS has better communication with the federal agencies now than they had before this issue arose. They are working with them on administrative issues and how they can meet some of the administrative requirements.

Based on the discussion Dr. Martin withdrew his motion at this time.

Nomination Committee

Dr. Lapetina appointed three people to the Nomination Committee

Carl Wentzel; Dr. Jeffrey Young; Buck Maddra.

The Board selects two members for the committee. *George Langford* was nominated and seconded. *Kent Weber* was nominated and seconded. Motion made and seconded to close the nominations. Vote taken. Motion carried unanimously.

Announcements-

National EMS Memorial will be held on May 26, 2001.

The next meeting of the Advisory Board will be held on August 3, 2001 at the Sheraton Richmond Hotel.

Being no more business, the meeting was adjourned at 3:40 p.m.