### **General Session Meeting Minutes**

June 30, 2011

### **COMMITTEE MEMBER ATTENDEES:**

Jim Allen, Third Service Non-Transport Member

Vicki Armbruster, Volunteer Third Service Member

Les Eaves, County EMS Administrator Member

Denise Gill, Idaho Association of Counties Member

Robert Hansen, Fire Department Based Non-Transport Member

David Kim, Idaho Chapter of ACEP Member

Scott Long, Idaho Fire Chiefs Association Member

Doug Mazza, Private Agency Member

Tom McLean, EMT-Paramedic Member

Travis Myklebust, EMS Instructor Member

Michelle Priestley, EMT Basic Member

Murry Sturkie, DO, Idaho Medical Association Member

Mark Zandhuisen, Career Third Service Member

### **COMMITTEE MEMBERS ABSENT:**

Kevin Amorebieta, Advanced EMT-A Member

Catherine Mabbutt, Board of Nursing Member

Mike McGrane, Air Medical Member

Bill Morgan, Committee on Trauma of the Idaho Chapter of ACS Member

Joe Cladouhos, Idaho Hospital Association Member

Pat Tucker, Consumer Member

Mark Urban, Emergency Pediatric Medicine Physician Member

### **VACANT MEMBER SEATS**

Idaho Chapter of the American Academy of Pediatricians Member

### **EMS STAFF ATTENDEES:**

Michele CarrerasTom FoggKay ChicoineBarbara FreemanJohn CramerTara KnightWayne DennyDennis PattersonMarc EssarySeason Woods

# **Other Attendees:**

Barbara Clark, Boise Fire

Dennis Johnson, Kuna Fire

Lynette Sharp, Air Idaho Rescue

Melanie Skiftun, Donnelly EMS

Loralei Sturkie, Guardian College

Curt Mortenson, Clark Count Ambulance

Jan Peterson, Idaho BLM

Lynette Sharp, Air Idaho Rescue

Melanie Skiftun, Donnelly EMS

Loralei Sturkie, Guardian College

Rob Wakeley, Bonner County EMS

Darby Weston, Ada County Paramedics

Barbara Pyle, Donnelly Fire Katie Wood, Idaho BLM

R David Reynolds, Moscow Fire Rich Underdahl, Braun NW Ambulance Manufacturing

Discussion Decisions/Outcomes

#### **General Business**

New members were welcomed: Les Eaves, Doug Mazza, Mark Urban, Kevin Amorebieta.

The upcoming meetings are scheduled for:

Oct 20, 2011 Feb 16, 2012

June 28-29, 2012

Minutes from the last meeting were approved.

### **Code and Rules Update**

Wayne Denny presented the status of current rules. The Bureau has until July 12, 2011 to send legislative ideas to the Department of Health and Welfare (DHW) for the 2012 session. The temporary rules for personnel licensure and investigations are effective July 1 and will be posted on the Department of Administration's website. These include changes such as the certificate of eligibility and a new renewal process for personnel licensure. EMTs renewing this fall have the choice to choose the old or the new model. An advantage of the new model is that it doesn't require a refresher course unless desired.

The investigation rules incorporates processes we've been using the past few years. The education rule concepts are finished but the Bureau needs to put the language to paper soon. The agency licensure rules need to be revised to go before the 2012 legislature.

There is a need to work on the rules regarding EMSAC to update roles and responsibilities and incorporate new representative seats. Previously the licensure subcommittee made decisions about when an agency could be licensed, but this is not discretionary and is driven by the Rules. The Grants Subcommittee is a decision making subcommittee, but the others are advisory.

Wayne asked EMSAC to begin thinking about having a discussion of how the subcommittees operate.

#### **Scope Transition**

Season Woods reviewed the transition timeline for the First Responder-Emergency Medical Responder, EMT, Intermediate 85, and EMT-Paramedic exams. Documents explaining the changes and requirements will be mailed to stakeholders (instructors, EMS administrators, providers) this month.

- First Responder and Emergency Medical Technician-Basic exams "set" on December 31, 2011.
- Emergency Medical Responder and Emergency Medical Technician exams "rise" on January 1, 2012.
- Intermediate 85 and EMT-Paramedic exams "set" on December 31, 2012.
- Advanced EMT and Paramedic exams "rise" on January 1, 2013.

Season reviewed the transition guides and skills gap analysis noting additions and deletions. Revised BLS skill sheets for the EMR and EMT practical exams will be available on the EMS

Bureau's website in late fall, 2011.

The Bureau needs to decide whether to use the AEMT Exam from the National Registry that will cost currently NREMT registered AEMTs \$70 and unregistered AEMTs \$100 to take the exam. Another option would be for the Bureau to develop a validated exam to use for Idaho AEMTS. Discussion included a sense that most AEMTs would want to keep their NREMT status. This conclusion was from prior discussions about Idaho developing exams. But there was also concern about the rural EMT's desire or ability to pay the extra exam fee.

Season also asked the subcommittee's opinion about providing a 6 station practical transition exam or a 10 station practical exam (used for initial licensing). The 6 station exam would require the Bureau to use the NREMT exam but write the scenarios. Idaho is the first state to ask NREMT to consider providing a 6 station. Currently the NREMT requires the 10 station practical exam.

#### **Discussion**

- It would be easier to implement one exam without variation.
- There are cost concerns about the 4 extra stations (8 staff).
- It would be easier to collaborate with agreements with other states if there is one standard.
- EMSAC and Bureau have been talking about the administrative reasons, what are the clinical reasons? Nothing wrong with asking the provider to "review" again. Opportunity to get the provider tested at the new level with the 10 stations and will facilitate credentialing.
- Some preferred that the NREMT recognize the 6 station exam to be registered rather than have the Bureau develop scenarios.

The AEMT are not required to transition. They can stay at the I-85 level until retirement. It is estimated that only 10% of I-85s will transition. Eventually, when the NREMT removes the AEMT exam, the AEMT will lose their National Registry status. There are currently 950 AEMTs in Idaho.

Idaho doesn't recognize the I-99 level. They wouldn't be eligible to evaluate at the new EMT exam.

The refresher course doesn't cover the new material at the new levels. Can use the transition course for CEUs. Can be all one venue and the categories can be waived.

Paramedics have to transition or not be licensed. The only level that can choose not to transition is the AEMT level.

#### **Requirements for Transition**

- Complete an approved transition course
- Take the appropriate exams

Motion to recommend accepting the 10 station practical AEMT exam for the transition course was seconded but failed. Ayes - 4, Nays - 6

- Apply to the EMS Bureau for your new license
- Become credentialed by your medical director
- Note: Only perform skills that you are trained, tested, licensed and credentialed to perform. The skills MUST be in your Scope of Practice (SoP).

Season Woods and Marc Essary fielded a list of questions from the group about transition instructors, courses and medical director's role in the transition. These questions and answers have been incorporated into the FAQ document. Motion to recommend that the state adopt a six skill station exam for I-85s transitioning to AEMT 2011 was seconded but the vote was tabled until the October 2011 meeting to hear input gleaned from the NASEMSO meeting.

### **EMS Radio Interoperability – Michele Carreras**

Michele Carreras introduced Robert Hugi, Technical Coordinator of the Idaho Bureau of Homeland Security Public Safety Communications and Darby Weston, the Ada County Paramedic Deputy Director and Chair of the District 3 Interoperability Governance Board (DIGB) as guests to answer questions about radio interoperability.

They provided valuable information about Idaho's goals to transition to narrow banding/700 MHz by 2013. The EMS mountaintop radio basestations will be upgraded in Fall of 2012. Idaho State Police (ISP) will upgrade this year. The reality is the profound cost.

The State Communications Center began 33 years ago with 7 mountaintop base stations. There are currently 37 mountaintop base stations. Three new base stations are being added in McCall. American Falls and Twin Falls.

There was a question about the status of the EMS VHF frequencies F1 and F2. There are no plans to eliminate EMS F1 or F2. EMS F1-155.340 MHz is a National Hospital Emergency Ambulance Radio (HEAR) frequency. The purpose of the frequency is to assure multijurisdictional VHF interoperability between EMS units and hospitals. EMSF2 (155.280) should be used for transmissions with StateComm and ground or air EMS. The primary purpose of the frequency is for emergency dispatch and communications between StateComm and EMS units.

DIGB is developing operating procedures to communicate over county borders with three different platforms: VHF, UHF (Law Enforcement) and 700 MHz. The system will use gateways, patches and shared platforms. This gives us the ability to have all kinds of agencies that appear to have separate systems, but is tied to the 700 platform.

It is difficult to establish 700 MHz out in the remote areas because of the power requirements. VHF is friendlier going through terrain. If the system is engineered correctly, the narrow band system will work in mountainous terrain. The noise floor is high in VHF, but cleaner in 700 MHz.

The committee asked about pager systems. This is being treated as a separate issue, but will have the same impact. The narrow banding will reduce the audio. StateComm cannot page on the 700 system. A solution is paging with a portable radio.

The new radios can be expensive at about \$2,500 each. The multi-band can be as high as \$4,400. There are many grants for the radios. Availability of pathway can drive the decision for which to use. Many of the current radios are capable of narrow banding and analog. Check the specifications of the radios and contact DIGB for more information. Look for the 11K2F3E designation – capable of narrow band and analog.

The committee asked about the ability to use or upgrade old radios. A simple programming modification upgrade may be all it takes to bring the radios to narrowband compliancy. Check the radio specification sheets for this FCC Emission Designation: 11K2F3E. If this is the designation see your local radio techs, the radio is capable of narrowband analog radio transmission.

More information is available at the BHS website: http://www.bhs.idaho.gov/pages/communications/idahosiec.aspx

EMS Interoperability Communications Options and FAQ is available on www.idahoems.org

### **Grants Subcommittee**

Mark Zandhuisen acted as Chair. Travis Myklebust joined by phone.

The subcommittee discussed the distribution of three formerly granted vehicles that are being returned because the agencies have relinquished their licenses. The agencies are Lapwai QRU (2003 Ford Ambulance), Silver City Fire & Rescue (2008 Ford F-350 Agusta Modified Rescue), and West Side Fire District (Type III ambulance). Generally the subcommittee desired that the vehicle remain in the geographical area.

A procedure for re-distribution was discussed and adopted by motion:

- 1. Offer to local agencies.
- 2. Offer to agencies awarded vehicles meeting criteria in the current grant cycle
- 3. Offer to agencies meeting criteria for vehicles award but not awarded
- 4. Offer to any licensed agency.
- 5. Discretion of the Bureau.

# **FY2012 Grant Specifics**

• Total Amount of Eligible Requests: \$2,115,775.51

 Total Eligible Vehicles Requested: 23 Requested Amount: \$1,826,721.53

 Total Eligible Equipment Requested: 35 agencies/78 items Requested Amount: \$276,533.98

• Total Epinephrine auto injectors requests:

24 agencies/194 items

Awarded Amount: \$12,520

• Funding Available as of 6/24/2011: \$906,213.50 80/20 Split breakdown (Vehicle- \$724,970.80, and Equipment/Epinephrine auto injectors - \$181,242.70

### **Suggestions for FY2013 Application**

 Discussed Epinephrine auto injectors & how many go wasted due to having to buy them to meet grant deadlines vs. need. Possible voucher? Will be discussed Motion to recommend accepting offering of Lapwai vehicle to Powell QRU was seconded and carried.

Motion to recommend to accept the 5 guidelines for re-awarding a returned grant vehicle was seconded and carried.

Motion to recommend using the vehicle re-awarding policy to distribute the Westside Fire vehicle was seconded and carried.

Motion to recommend considering the Bannock County Sheriff Search & Rescue's request for repeaters and pagers ineligible because an ineligible item is part of the request was seconded and carried.

Motion to recommend accepting Elk City's request for extrication spreader and hose as eligible was seconded and carried. further in October.

• Electronic version will include drop-down selection where possible which will improve accuracy & completeness of applications.

# **How Changes in EMS Will Affect Grants in the Future**

- Optional Module Items
- Formation of EMS Systems & how that will affect agencies receiving grants
- Evaluate how to best use the subcommittees time & expertise in reference to these changes as well as all aspects of the Dedicated Grant Program

#### **Discussion**

Bureau did a great job of helping agencies become eligible by clarifying applications. Mark Zandhuisen stated he has had the view that Bureau should be helping agencies meet the requirements.

There was discussion about the reason that some items were ineligible. Many are because of scope of practice issues, optional modules, or are on the ineligible list. There was controversy over the ineligibility of the Glydescope due to the digital cameral function. The purpose is different from a digital camera.

Motion to recommend that the Roberts Fire District QRU request for extrication equipment as ineligible because the items are independent of each other was seconded and carried.

Motion to recommend approval of the last two subcommittee motions (Rupert City's requests) was seconded and carried.

> [Note: Referenced motions: Motion to recommend allowing this item (15 rescue jackets) as eligible was seconded and carried. One nay.

Motion to recommend that these jump kits are ineligible because disposable items are ineligible is seconded and approved.]

Motion to recommend the approval that video technology is ineligible because digital cameras are ineligible was seconded and carried. (Ayes- 8, Nays -2)

### **Licensure Subcommittee**

The subcommittee reviewed a proposal by the Bureau to evaluate requests for waivers for equipment and staffing.

The proposal by the Bureau for equipment exceptions must declare the following:

- Requested changes to the equipment, supplies or quantities stated on minimum equipment list and the reasoning behind the request.
- If applicable, readily available alternatives to the items that would assure appropriate patient care is provided.
- Medical director approval for the equipment exemption.
- The length of time for which the exception (s) are requested.

The proposal by the Bureau for 24/7, 365 day response capability exemptions must declare the following.

- Specific dates or length of time for the request.
- Local community or deployment considerations that affect your agency's ability to recruit, maintain and schedule staff on a 24/7 basis.
- Documentation of support from the unit (s) of local government, governing board or other official(s) who represent the public.
- A description of other EMS agency response capabilities within and to your declared geographic

response area.

- Submission of written agreements in place with other EMS agencies to ensure coverage to your declared geographic response area when you are unavailable. These agreements should disclose the dates and/or length of time the exemption is expected.
- A written dispatch communications policy is in place to assure alternate EMS agencies are dispatched without delay to 911 calls when you are unavailable.
- Medical director has reviewed and provided input to the request.

The EMS Bureau may grant 24/7, 365 day response exemptions when:

- All steps in Section 2 above have been met, and;
- The EMSAC licensure subcommittee has reviewed the petition and provided the EMS Bureau with comments related to operational considerations.

Pending and granted agency licenses were reviewed. The subcommittee asked that the location of the agency be included in future reports.

### **Education Subcommittee**

Season gave a brief report of the Education Subcommittee discussions which follow closely the earlier report about the Project to Implement the New EMS SoP (PINES).

#### **EMSC Subcommittee**

John Cramer briefly reported updates of HRSA Performance Measures associated with the EMSC State Partnership Grants, EPC courses that will be held in Lewiston in July, collaborative (EMSC & Office of Rural Health) Mobile Simulation Lab opportunities to be completed before March 2012 at

- Steele Memorial Hospital
- Madison Memorial
- Teton Valley Hospital and Surgicenter
- Harms Memorial Hospital
- Minidoka Memorial Hospital
- Cassia Regional Medical Center