

General Session Meeting Notes

June 27, 2008

COMMITTEE MEMBER ATTENDEES:

Tom Allen, Fire Department Based Non-Transport Member
Vicki Armbruster, Volunteer Third Service Member
Diane Barker, Consumer Member
Ken Bramwell, Emergency Pediatric Medicine Physician Member
Denise Gill, Idaho Association of Counties Member
Gary Gilliam, Third Service Non-Transport Member
Dennis Godfrey, County EMS Administrator Member
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians Member
Mark Johnson, Private Agency Member
Karen Kellie, Idaho Hospital Association Member
David Kim, Idaho Chapter of ACEP Member
Scott Long, Idaho Fire Chiefs Association Member
Travis Myklebust, EMS Instructor Member
Tim Rines, Career Third Service Member
Gary Showers, Advanced EMT-A Member
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

Nick Albers, Air Medical Member
James Ackerman, EMT- Paramedic Member
Randall Baldwin, EMT-Basic Member
Thomas Kraner, Committee on Trauma of the Idaho Chapter of ACS
Catherine Mabbutt, Board of Nursing Member

VACANT MEMBER SEATS

None

EMS STAFF ATTENDEES:

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|---------------------|-------------------|
| Chicoine, Kay | Hone, Diana |
| Cramer, John | Larsen, Neeki |
| Denny, Wayne | Neufeld, Dean |
| Edgar, Andy | Pierson, Russ |
| Fend-Boehm, Valerie | Season Pierson |
| Freeman, Barbara | Thrasher, Carolyn |
| Gainor, Dia | |

Other Attendees:

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| Davis, Mary Lou – Fremont County EMS | Miller, Denine – Gooding County EMS |
| Bollar, Kevin– Nampa Fire | Rovig, Jenna – St Luke’s Boise ED |
| Eaves, Les – CCAS | Steiner, Steve – Bureau of Homeland Security |
| Hiller, Nanette – Idaho Hospital Association | Rich, Steve – Office of Highway Safety, ITD |
| Henry, Jane – School Nurses | Vickers, Greg – Portneuf Medical Center |
| McGrane, Mike – Air St Luke’s | |

| Discussion | Decisions/Outcomes |
|---|--|
| General Business | |
| <p>James Ackerman's term has expired. Randy Baldwin resigned for medical reasons. Welcome to Gary Showers as a new member representing Advanced EMT-As.</p> <p>Dia circulated the recently published County Profile.</p> <p>Meeting schedule for the next year:</p> <p>October 30, 2008</p> <p>Feb 19, 2009 (The Physician Commission meeting will move to 2/20/09)</p> <p>June 18 & 19, 2009</p> <p>Oct 29, 2009</p> | <p>Motion to approve minutes was seconded and carried.</p> |
| Pandemic Flu | |
| <p>Neeki Larsen presented information about Pandemic Flu planning in Idaho.</p> <p>In May 2006 the <i>National Strategy for Pandemic Influenza: Implementation Plan</i> directed the Department of Transportation to develop statewide EMS pandemic influenza guidelines and 911 PSAPs protocols. The Department of Transportation delegated the task of writing the documents to the National Highway Traffic Safety Administration (NHTSA)</p> <p>The joint development of the EMS guidelines and the 911 protocols was intentional – dispatching MUST be coordinated with the EMS response system AND with public health officials</p> <p>The National Association of State EMS Officials held two stakeholder meetings in 2007, which were attended by EMS, 911, public health, and Federal agencies. The information gleaned from the two NASEMSO stakeholder meetings shaped the statewide pan flu guidelines and 911 protocol documents.</p> <p>The following publications were referenced.</p> <p><i>Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPS)</i>; U.S. Department of Transportation May 3, 2007</p> <p><i>EMS Pandemic Influenza Guidelines for Statewide Adoption</i>, U.S. Department of Transportation May 3, 2007</p> <p>The intention of the documents are to provide guidance to State and local agencies in developing pandemic flu plans and operational protocols.</p> <p>The scientific prediction is that there will be a 40% reduction in</p> | |

the workforce during a flu pandemic. Hospital surge, school closures, mass gatherings cancelled, alternate work methods, succession of leadership, interruption of supplies, loss of critical contacts, alternate facilities, and so on.

- How are EMS responders going to protect themselves and their families from infection of the flu virus?
- What changes in scope of practice and operational protocols need to be made?
- Administer flu medicines or vaccines?
- Not respond to a call?

The state of Idaho has purchased a limited supply of anti-viral medicine and is working on a plan to distribute them to critical personnel during a flu pandemic.

All state agencies are creating COOPs. State District Health plans stress individual and family preparedness. When and if funding is available, State Comm will work with PSAPs thru the Emergency Communication Commission to coordinate statewide pandemic flu planning and material development in accordance with national guidance.

Most state pandemic flu planning is on hold pending funding, including EMS planning.

What can the EMS agency do today?

- Create a COOP! (Continuity Operations Plan)
- Ensure plans assess community resources and include other entities - public health, schools, churches, businesses

What can you do personally?

- The economy will be significantly impacted for a LONG time
- Be prepared with masks, food and water storage, medicine, fuel, cleaning disinfectants, money stash
- STAY HOME - REMAIN ISOLATED – OBSERVE COUGH HYGIENE

Websites to access important guidelines:

PSAPs: www.nhtsa.gov/people/injury/ems/PandemicInfluenza

EMS Responders:

www.nhtsa.gov/people/injury/ems/PandemicInfluenzaGuidelines

General Session Discussion

One of the Bureaus concerns is about the reverse engineering that will be needed in a 911 center. A triage system would be needed.

Scott Long mentioned that Madison County is well under way in the planning. Travis Myklebust said that in Nez Perce County, a

General Session Motion

Motion to recommend that the bureau obtain all 7 health district

medic would triage 911 calls. All 7 Health Districts have been charged with making plans. Is there any mechanism for comparison of plans?

Greg Vickers stated that there was a statewide plan, but that they might not have had these publications available.

plans to evaluate EMS and EMD impact and of incorporation of National Guidelines into the plans moved and carried.

Emerging Issues in Two-Way Radio Communications – Steve Steiner

Steve Steiner, Deputy Director Interoperable Communications from the Idaho Bureau of Homeland Security gave a presentation on Interoperable Communications for Idaho. (His contact information is 208-422-5899, ssteiner@bhw.idaho.gov

Idaho Military Division, Bureau of Homeland Security contacts:

- MG Larry Lafrenz, Commanding General
- Col. William Shawver, Director BHS
 - Fred Abt, Deputy Director Operations
 - Brad Hufford, Deputy Director Financial Operations
 - Patrick Frischmuth, Deputy Director Planning
 - Steve Steiner, Deputy Director Interoperable Communications

Interoperability Partners:

- STATE:
 - Corrections, Fish & Game, H&W, IMD, BHS, IPTV, ISP, ITD,
- LOCAL
 - Law Enforcement, Emergency Operations, County Highway, Fire, EMS
- Neighboring States
 - Montana, Wyoming, Utah, Nevada, Oregon, Washington
- FEDERAL
 - Law Enforcement, DHS/FEMA, Military

Infrastructure Project:

- Replace current Radio equipment (3x DS3 Alcatel) with 4x DS3 radio (Harris Constellation)
- Expand Microwave sites to support Northeast and Southeast Idaho
- Formal infrastructure partnership with Wyoming at Hell Hole ridge
- Formal infrastructure partnership with Montana at Sawtelle Peak

Broadband EOC Project

- Goal- Develop Regional Operations Centers in support of State Emergency Communication needs.
 - Divided State into 3 Operations/Management Regions
 - Establish Emergency Communication Operation/Management Centers (ECOMC) in each region
 - Boise Valley Gowen Field, ANG
 - Coeur d' Alene TBD

- Idaho Falls TBD

- State Homeland Security Program (SHSP) FY2006-Provided communication equipment to connect State EOC to 44 County EOC's and 3 Tribal EOC's utilizing the states existing DMV network. (1.5 Mbs ATM/Frame Relay)
- SHSP FY2007- Provided VOIP and Video Conferencing equipment from State to County/Tribal
- FY2008-09-Installing 4.9 GHZ Backhaul Microwave or Fiber infrastructure connecting the State Microwave Backbone to each respective County/Tribe EOC (10-35 Mbs Ethernet)

General Session Discussion

Patrick Frischmuth is a good resource for state emergency plans.

There are three communications regions in Idaho based on infrastructure. The Homeland Security Bureau has a \$3 billion grant for this project that will encompass all forms of communications such as videoconferencing, radio, voice over IP, etc.

The State microwave backbone is 50 years old. Provide broadband capability to all counties in next 24 months. Roughly 20MG. Includes the 7 public health districts. Microwave sites in northeast and southeast Idaho will be expanded

Goal: Develop regional operations centers in support of State Emergency Communications needs.

Duplication – redundancy for backup. Microwaves are mobile.

No single entity can fund the entire partnership - \$300 million project.

DHS website will have information about this project – maps, etc.

Is the State Communications Center being considered as the EOC for the State? The one at Gowen Field is being considered because it is near an airport and is subterranean and has direct connection to Mountain Home Air Force Base and National Interagency Fire Center (NIFC).

Idaho is in the top 10 for funding stream because of its infrastructure. Partners can also apply for some of this funding. The Governor will be asked to use state funds for sustainability.

POST/DNR Guideline

A discrepancy in the POST/DNR guidelines was discovered and has been revised (version 0207). The revised guidelines correctly correlate with the Rule. Verbiage was removed from Contraindications to General #8: “If the patient has severe trauma, is involved in a mass casualty incident, or there is evidence of homicide or suicide, the EMS provider is not required to attempt to locate a POST form or jewelry.”

Motion to recommend accepting the change was moved and seconded.

Scope of Practice – David Kim

David Kim discussed the Scope of Practice Update (Standard Manual 2008-1) from the Idaho EMS Physician Commission (EMSPC) which is effective July 1, 2008. Training and credentialing is required.

Timeline:

- The providers must transition by end of current EMS certification or June 30, 2010, whichever is later.
- Medical Supervision Plan: Nov 1
- Advanced Airway Management data collection: Oct 1
- Full implementation of the Nat'l SoP Model will result in additional changes
 - EMS education standards: Jan 2009
 - AHA/ECC update: early 2010
 - Texts available: late 2010 - early 2011
- 2008-1 includes Idaho deviations to the Nat'l SoP
 - Skill additions rather than deletions

David Kim reviewed by line item the scope of practice changes and key points.

General Session Discussion

The Board of Medicine's scope of practice was somewhat vague for EMS providers. The EMS Physician Commission looks at specific skills and interventions in grid format. Required at the end of current certification or June 30, 2010 – whichever is later. Concerns about the amount of training.

2008-1 includes Idaho deviations to the National Scope of Practice and includes skill additions rather than deletions.

Beginning July 1, if the provider is trained and has been practicing a skill, they can continue. New protocols will need to be written.

Every orange box on the grid is a training burden on the Bureau.

Tom Allen asked for definitions of some of the skills. David Kim replied that there had been long discussions in EMSPC. Some definitions are in the National Scope of Practice (NSOP). Tom Allen asked questions about liability and notification issues and stated he understands that it is not part of the scope until training is completed. In addition to required notification of state rule making under administrative procedures act, there is time and comment opportunity before the rule goes into effect - town hall meetings. EMSPC also added an additional window of 2 years to allow for understanding, decision making, and gathering resources. Personnel not held to standards on July 1, 2008 (pg 16 manual), but by 2010 or next recertification, whichever is later.

A phrase in the existing EMSPC rules that will change is the reference to which standards manual edition applies to EMS provider – 2008-1. The content authorizes practice as we know it today and transitions until 2010 to additional optional modules by local EMS systems. Anything skill with an X needs to be taught by 2010.

What verification of the training records will be required? Set of

documentation that training officer has to sign off. If the training is not completed, the provider would drop down to the next level, if requirements of lower level are met.

Medical supervision plans in many incidents may allow more than what is required for certification. We are raising the bar for medical directors and we are focusing on best practices the first go around. Might see some inadequate supervision plans and will strive to give assistance for improvement.

A major deviation from NSOP for Idaho was to allow RSI (paralytic-assisted intubation). The Bureau has contracted to provide training modules for these skills.

Tom Allen asked for clearly defined disciplinary processes. The last rules refer to the Disciplinary Subcommittee of EMSAC for complaints. The EMSPC role is to make recommendations to the Bureau for discipline. The Bureau has a specific process for handling those requests. Standards Manual is available and is specific. The reference to disciplinary action is still in the Rules Governing EMS. The EMSPC law supersedes the rule. There is some clean up that needs to be done. The Standards Manual is a “cookbook” to move the investigation from point A to B.

The EMSPC does not have authorization to take licensure action. There has been discussion about a certification for medical direction. But today, the law does not give the Commission this authorization.

The disciplinary process is being refined as the Bureau and EMSPC work together on complaints and is not ready to distribute a publication for external use. This document defines a series of processes that we follow upon receipt of a complaint. It will not map an outcome. The Bureau will stand ready to receive a complaint, evaluate and classify the complaint, depending on the classification, close the case or continue the process. If a complaint is severe and a risk to the public the process continues to a peer review. EMSPC or the Bureau could then take certificate action if justified and approved by the State Health Officer. At any time, the complaint investigation can be terminated.

General Session Motions

Motion to recommend the Bureau clearly define and articulate the process for disciplinary issues for providers and medical directors was not seconded.

Motion to recommend a one page summary about the disciplinary process that is easily accessible to providers was seconded and carried.

EMSC Sub-Committee

Kenny Bramwell chaired the EMSC Sub-Committee in Rachael Alter’s absence.

Guidance requested by Rachael regarding use of carry-over funds for equipment. Should we use our unused funds to purchase additional pediatric kits or pediatric backboards?

- After brief discussion it was the group consensus to recommend purchasing additional pediatric kits instead of backboards.

EMSC Performance Measures

Rachael has been working with many of her counterparts and the EMSC National Resource Center (NRC) to refine and clarify many of the Performance Measures utilized by HRSA for the State Partnership Grants. Specifically NRC has requested feedback to the pediatric equipment lists for basic life support and advanced life support units (Measure 66b).

The feedback form provided by NRC was distributed and discussed by the subcommittee and consensus comments developed that will be provided to Rachael and the NRC.

- Hospital questionnaire – review of results of November 2007 questionnaire. Highlights are:
 - 37 hospitals with emergency departments were sent the questionnaire, and responses received from 34 (92%)
 - 31 responding hospital ED’s received pediatric specific training during 2007 (including PALS, NRP, ENPC, APLS)
 - 26 responding hospitals responded that they provide on-line medical direction
 - 24 responding hospitals are CAH facilities
- Emergency Pediatric Care (EPC Course) update
 - EMSC funded recent courses in Boise and Idaho Falls (2 each) with 6 attendees each.
 - Constraints on attendance
 - lack of funding to pay attendee and/or having to pay overtime for replacement coverage.
 - Not identified as required or critically necessary
- Valley County has requested a course to be conducted in Donnelly. We have funds for another course and will work to promote this course in Valley, Adams, and Boise counties.

General Session Motions

Motion to recommend that “The Fact sheet” about the agency survey be prepared for publication with approval from the Department of Health and Welfare was seconded and carried.

Education Sub-Committee

Neeki Larsen presented information about the Education Sub-Committee.

- EMSPC Current Advanced EMT Status
- Scope of Practice Changes effective July 1
- EMT Instructor Qualification Changes

- POST and LZO training soon to be available on ISU LMS.
- Hours for Bridge to new Advanced EMT

Sub-Committee Motions

All Idaho EMS certified providers to be trained in Idaho specific items to include, but not limited to:

- POST/DNR
- Safe haven
- Certification requirements different than national
- Air Medical utilization
- Medical legal:
 - Reporting requirements
 - Consent
 - Duty to Act
 - Liability
 - Good Samaritan

Idaho to accept recognized implementation dates for First Responder, EMT-B, and EMT-P as established by the NREMT.

When a bridge course is initiated it must be completed within six (6) months for First Responder to Emergency Medical Responder, EMT-B to EMT, and EMT-P to Paramedic and one (1) calendar year for Advanced EMT (I-85) to Advanced EMT.

After successful completion of a statewide standardized bridge course and assessment process, the agency medical director is responsible to validate the EMS provider's course completion and assessment with their signature. Said, signed documentation of the bridge course completion and assessment will be sent to the EMS Bureau within 30 days.

General Session Discussion

The Education Sub-Committee has been meeting monthly by teleconference and face to face May and June, 2008. When the EMSPC scope of practice becomes effective July 1, advanced EMTs will be frozen and maintained until they make a change to go up, retire, etc.

The Bureau will continue to look at EMS instructor qualifications models.

The dates are a moving target, but the Bureau doesn't want to lag behind.

General Session Motions

Motion to recommend the subcommittee motion about Idaho Specifics (with permission for the Bureau to add any additional pertinent state laws) was seconded and carried.

Motion to recommend subcommittee motion to accept recognized implementation dates for First Responder, EMT-B, and EMT-P as established by the NREMT was tabled until the next meeting.

Motion to recommend the subcommittee motion that when a bridge course is initiated it must be completed within six months for First Responder to Emergency Medical Responder, EMT-B to EMT, and EMT-P to paramedic and one calendar year for advanced EMT (I-85) to advanced EMT was seconded and carried.

Motion to recommend subcommittee motion that after successful completion of a statewide standardized bridge course and assessment process, the agency medical director is responsible to validate the EMS provider's course completion and assessment with their signature. Said, signed documentation of the bridge course completion and assessment will be sent to the EMS bureau within 30 days was seconded and carried.

Grants Subcommittee

Dedicated Grant Rules Revision

Bureau is continuing development of computer based scoring program.

Bureau intends to send recommended revisions to FY09 Legislature.

Comment period would allow minor changes by task force, general public, and Bureau.

If approved, new rules would be in effect for the FY10 Grant cycle.

FY08 Training Grant Program

Available funding \$63,000

Total of 55 awards made at 57% of allowable amount – total \$51,577

\$25,018 paid to agencies

30 agencies received reimbursement of award amount

23 agencies did not submit for reimbursement

2 were rescinded

\$3,000 paid for medical control to two agencies

\$5,107 in additional payments (25%) paid to agencies that had submitted reimbursable documentation but did not receive full cost of course

\$30,000 paid to St Alphonsus Foundation to establish program to pay registration fees to EMS providers attending conferences or workshops that have a strong trauma content

Sub-Committee Motion

Motion to have funding allocated on a quarterly basis with a cap per conference, with the remaining funds rolling over to the following quarter to allow funding for other similar trauma programs throughout the year. Intent to be taken to the Foundation for discussion was seconded and carried.

FY09 Training Grant Program

Anticipation of \$63,000 for program

- Letter to be sent to agencies in July with suggested changes to program and asking for input
- Bureau has purchased vouchers to be disbursed to providers and/or agencies to pay for Pearson View testing fees

General Session Motions

Motion to recommend subcommittee motion to have funding allocated on a quarterly basis with a cap of (amount to be determined by Bureau) per conference, with the remaining funds rolling over to the following quarter to allow funding for other similar trauma programs throughout the year. Intent to be taken to the St. Alphonsus Foundation for discussion was seconded and carried.

Motion to recommend subcommittee motion to raise the EPI-Pen® cap to \$60 per unit and limit the quantity to two of each (adult and pediatric) per agency vehicle plus two replacements of each was seconded and carried.

Motion to recommend subcommittee motion that the City of Idaho Falls fire department

FY08 Interoperability Grant

- One-time opportunity using federal funds of \$360,000
- Intent was to have EMS agencies become fully P-25 compliant with their communications equipment
- Allowable items were vehicle-mounted radios, handheld radios, and base stations and upgrades
- \$2,144,441 requests received from 50 agencies
- \$1,373,220 priority 1 requests received
- 14 priority 1 requests were awarded based on each agency's scoring results, fully utilizing available funds

FY09 Dedicated Grants

Available funds as of 6/26/08 **\$1,261,160**

(Increase of \$180,843 from same period last year)

- 82 applications received
- \$3,149,037 requested
- \$2,589,651 requested for 31 vehicles
- \$622,349 requested for 203 equipment items
- 8 applications ineligible

Sub-Committee Motion

Motion to raise the EPI cap to \$60 dollars per unit and limit the quantity to two of each (adult and pediatric) per agency vehicle plus two replacements of each was seconded and carried.

Motion that the City of Idaho Falls Fire Department's request for a vehicle grant be ineligible because the vehicle to be replaced is not listed as an EMS vehicle and to recommend Idaho Falls list the vehicle as an EMS vehicle and resubmit next year was seconded and carried.

A motion that any agency that wishes to request an ineligible item would have to justify the request in writing to the EMSAC subcommittee at the February EMSAC meeting prior to the grant review meeting was seconded and carried.

Motion that the Bureau establish and agency cap for eligible equipment specific to this FY2009 grant cycle at \$20,000 per agency was seconded and carried.

Motion that an eligibility list be established based on the complete list of items approved in the last 5 years; generated by the Bureau by the Fall 2008 EMSAC meeting was seconded and carried.

Motion that mechanical CPR devices be included on the ineligible equipment list was seconded and carried.

Motion that the: EMSAC Grant Sub-Committee declares the

request for vehicle grant to be ineligible because the vehicle to be replaced is not listed as an EMS vehicle and to recommend Idaho Falls list the vehicle as an EMS vehicle and resubmit next year was seconded and carried.

Motion to recommend subcommittee motion that any agency that wishes to request an ineligible item would have to justify the request in writing to the EMSAC subcommittee at the February EMSAC meeting prior to the grant review meeting was seconded and carried.

Motion to recommend subcommittee motion that we establish an agency cap for eligible equipment specific to this FY2009 grant cycle at \$20,000 per agency was seconded and carried.

Motion to recommend subcommittee motion that an eligibility list be established based on the complete list of items approved in the last 5 years; generated by the bureau by the Fall 2008 EMSAC meeting was seconded and carried.

Motion to recommend subcommittee motion that mechanical CPR devices be included on the ineligible equipment list was seconded and carried.

Motion to recommend subcommittee motion that EMSAC subcommittee declares the MedDeck Pivoting Litter device ineligible for FY2009 equipment grant was seconded and carried.

Motion to recommend subcommittee motion that applicant items requested as "kits" must be found on manufacturer's website or

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| <p>MedDeck Pivoting Litter device ineligible for FY2009 equipment grant was seconded and carried.</p> <p>Motion that applicant items requested as “kits” must be found on manufacturer’s website or published catalogue; otherwise, they will be classified as individual items was seconded and carried. Vehicle extrication packages are excluded from this motion</p> | <p>published catalogue; otherwise, they will be classified as individual items. Vehicle extrication packages are excluded from this motion was seconded and carried.</p> |
| <p>FY09 BUDGET</p> | |
| <p>Dia discussed the FY09 budget. She stated that there has been a shift in general funds to dedicated funds and that the Bureau didn’t receive a dollar for dollar return. The net difference in operating from FY08 to FY09 is \$400,000.</p> | |