

MINUTES

NORTH CAROLINA EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Department of Health and Human Services
Division of Health Service Regulation
Office of Emergency Medical Services

Brown Building
Dorothea Dix Campus
801 Biggs Drive
Raleigh, North Carolina

November 12, 2014
11:00 A.M.

Members Present

Mr. Graham Pervier, Presiding
Mr. F. Wayne Ashworth
Dr. Kim Askew
Mr. Todd Baker
Mr. Terry Barber
Dr. Nicholas Benson
Dr. Ted Delbridge
Dr. Annette Greer
Ms. Viola Harris
Ms. Carolyn Hughes
Dr. Elizabeth Kanof
Ms. Traci Little
Mr. Carl McKnight
Mr. Robert Poe
Dr. Douglas Swanson
Dr. James Wyatt

Members Absent

Dr. William K. Atkinson
Mr. Bob Bailey
Dr. Michael Ghim
Mr. Jim Gusler
Mr. Dan Ingle
Mr. Donnie Loftis
Dr. Brent Myers
Ms. Lynn Norwood
Dr. Edward St. Bernard

Staff Members Present

Mr. Wally Ainsworth
Ms. McKenzie Beamer
Mr. Doug Calhoun
Ms. Amy Douglas
Ms. Regina Godette-Crawford
Mr. Tom Mitchell
Mr. Will Ray
Ms. Mary Beth Skarote
Ms. Julie Starr
Mr. Brad Thompson
Dr. James “Tripp” Winslow

Others Present

Mr. Joel Faircloth, NC Association of Rescue and EMS
Mr. LaMar Grafft, NC Agromedicine Institute
Mr. Gordon Joyner, NC Association of Rescue and EMS
Ms. Megan McKnight, Vale, NC
Dr. Erin Noste, Mecklenburg – MEDIC
Ms. Susan Odom, Mission Health
Dr. Andrew Thomas, Mecklenburg - MEDIC
Dr. Michael Thomason, OEMS Trauma Medical Advisor, Carolinas Medical Center
Mr. Kenny Weatherington, NC Community College System
Ms. Joyce Winstead, NC Board of Nursing

(1) Purpose of the Meeting: The NC EMS Advisory Council met to hear reports from the Injury Committee, the Compliance and Education Committee and receive updates from the Healthcare Preparedness Response & Recovery program.

(2) Actions of the Council:

Mr. Pervier, chairman of the Council, called the meeting to order at 11:00 a.m.

(a) Motion was made by Mr. Ashworth, seconded by Dr. Benson and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes of the August 12, 2014 meeting be approved as submitted.

(3) Other Actions of the Council:

- (a) Mr. Pervier welcomed guests to the Council and gave special recognition and thanks to veterans in attendance.
- (b) On behalf of the Injury Committee, Mr. Ashworth reported that the Committee received updates from the EMSC Program and Trauma Program. There were no actions to bring forth at the present time.
- (c) On behalf of the Compliance and Education Committee, Mr. Poe reported on the following items:
 - Compliance update:
 - 406 national background checks were provided. 33 of these involved investigations. Of those 33, the Disciplinary Committee reviewed 16. Of those 16, 3 persons were suspended, 1 revoked, 4 letters written and the other 8 required no action.
 - Education update:
 - The 41st annual EM Today conference was held in Greensboro on October 4 – 8, 2014, with 949 attendees. Rowan County EMS won the Paramedic competition.
 - Currently, there are 9 CoAEMSP accredited institutions and 16 in the letter of review process.
 - Voting for the new EMS credential patches closed November 9th. Numbers have not been tabulated.
 - Meetings continue with shareholders and stakeholders concerning community paramedicine mobile integrated healthcare.
- (d) In the absence of Mr. Bailey, Mr. Ray provided the Council with the following Healthcare Preparedness Response & Recovery update:
 - Previously noted in the July meeting, the Notice of Award for the FY14 Hospital Preparedness Program and the Public Health Emergency Preparedness Program was issued on July 1, 2014. The funding for the NC HPP is \$6,183,490.00 which is a reduction of approximately 37% from the previous fiscal year. All lead hospital contracts are now executed and all eight healthcare preparedness regions have approved regional work plans and executed activity.
 - The FY13 End of Year HPP report was submitted September 30, 2014, to ASPR for review.
 - The joint PHEP-HPP site visit from the ASPR and the CDC, the federal granting agencies, initially scheduled for August, was postponed until November, has now been rescheduled to January 2015 tentatively. This is due to deployment and reallocation of ASPR and CDC public health service commissioned staff for Ebola preparedness and response activities.
 - The FY13 HPP Cooperative Agreement closed on June 30, 2014. NCOEMS has submitted a request for approval to ASPR to carry over un-liquidated funds in the amount of \$1,360,178.00, plus an additional \$770,000.00 that was

approved in the FY14 work plan, for a total of \$2,130,178.00. This request is currently under review by ASPR and once approved, these funds will be utilized to address gaps within the system including but not limited to, interoperable communications, personal protective equipment, Pharmaceuticals and pharmacy trailers, and program wide projects that were affected by the recent budget cut.

- The State Emergency Response Team (SERT) has been engaged with preparation and response operations with the Division of Public Health functioning as the technical lead. The NCOEMS has been working in partnership with the North Carolina Division of Public Health and the Division of Emergency Management to effectively prepare for suspected or confirmed Ebola cases within North Carolina.
- Dr. Winslow has drafted protocols for treatment of a suspected or confirmed case, for transport of remains, and for decontamination of an EMS unit that has been disseminated statewide. Additionally, guidance has been provided for the development of protocols for law enforcement, fire and other first responder personnel that would be dispatched to a scene with a suspected patient.
- Through partnership with the NC EMS Administrator's Association and the NC Hospital Association, organizational needs related to preparedness and equipment are currently being surveyed.
- All hospitals and EMS agencies are being encouraged to plan, train and exercise locally with public health and other related organizations. Per requests for information from both senior state and federal leadership, the number of hospitals who have conducted preparedness activity is being surveyed daily utilizing the SMARTT system and local EMS agencies are reporting daily to respective EMS regional staff on protocol implementation specifically for Ebola. The Ebola Planning and Response Dashboard published daily by the Division of Public Health includes these updated numbers.
- Travelers from the affected countries in West Africa are being monitored daily by local jurisdictions in the United States, including North Carolina. However, it should be noted these persons are not symptomatic and there are currently no confirmed Ebola cases in North Carolina.
- The following support has been requested and is currently being provided by the healthcare preparedness regions across the state: (1) Situational awareness and information sharing for daily updated information and guidance; (2) Training and education support as available and requested by local jurisdictions or healthcare organizations, specifically related to PPE; and (3) Exercise and planning support as available and requested by local jurisdictions or healthcare organizations.
- Currently, North Carolina has not designated hospitals to treat Ebola patients.

(e) Dr. Winslow gave the following Medical Director update:

- Suspected Ebola Protocols (Protocol 100: Suspected Ebola, Protocol 101: Suspected Ebola EMS Unit Decontamination and Protocol 102: Suspected Ebola Safe Transportation of Human Remains) are approved for use by the NCOEMS and have been vetted by the NC Division of Public Health, other

relevant state agencies and are the collaborative effort of many. If a service chooses to utilize these protocols, they have been asked to notify their NCOEMS Regional office via letter.

- Twenty-three (23) system modifications have been approved.
- Four medical director changes.
- A new drowning protocol which has been adjusted.
- A new issue of NC Prehospital Care Journal came out in July.
- The Medical Board approved Loop diuretics as a class, kepra, and CPR external compression devices. Another visit to the Medical Board is scheduled for November 20th to ask for TXA, Droperidol and CroFab.
- We continue to look at the RSI performance improvement process which is ongoing.

- Agency Update:

Ms. Crawford reported on the following:

- Ms. Crawford thanked the Advisory Council members, EMS stakeholders and the OEMS staff for their support and assistance as she was out on family medical leave.
- Conference calls have been held every day with the Secretary, Media, General Assembly, DHHS and our partners to make sure that we are on top of the Ebola issue.
- Rules update: OEMS had hoped to go before the Medical Care Commission (MCC) Thursday and Friday of this week, but due to the MCC heavy agenda we were unable to do so. Hopefully, we will be on the MCC agenda in February to ask for permission to enter into the rule making process. After that, our rules will be out for public view for 60 days and a public hearing will be held around the first of May.

The next Advisory Council meeting will be held at the Brown Building, Dorothea Dix Campus, on Tuesday, February 10, 2015.

There being no further business, the meeting adjourned at 11:35 am.

Minutes submitted by Julie Starr.