

EMS Leadership Call Summary -- February 6, 2020

Staff Present: Dan Batsie, Dr. Dan Wolfson, Merrill Pine, Ray Walker

Guests: Dr. David Nelson, Pedi Emergency Medicine, Jennifer Bynum (via phone)

Licensing – Ray Walker

- Personnel licenses due June 30. It's never too soon to submit, and we appreciate those that have already renewed their licenses.
 - If anyone chooses to renew their National Registry certification via examination, we pay for that process. Send Ray an email if you have questions...but generally chose "direct bill to home state."

EMSC – Merrill Pine

- Pediatric Safe program will be out by the end of Feb. Applications may be submitted on an ongoing basis. Recognitions will take place once the application is approved and again during EMS Week.
- Surveys coming in great! District 4 is in the lead with an 88% response rate, District 8 has 80% and District 3 has 72%.
- EMS for Children New England is hosting a conference at the Westin Waltham Boston in Waltham, Massachusetts on March 9. Geared toward PECCs as well as EMS, ED nurses and physicians, the conference focuses on skill simulation, critical debriefing and safe handoffs. A link to the conference is [here](#).
- Another pediatric emergency care coordinator orientation course (PECC) is scheduled for 3/24, for new PECCs or interested providers.
- Human trafficking training dates around the state have been set:
 - April 9th Charlotte Rescue
 - May 7th Newport
 - May 14th Bennington Rescue
 - May 28th Hartford Fire

Medical Advisor Update – Dr. Dan Wolfson

- Really close to publishing 2020 protocol update. Creating all the training from scratch on his own, so pardon the delays. Going to be a resource kit as well as online CentreLearn modules. Breaking training down this year by provider level. For example, an AEMT will listen to EMT and AEMT modules. Paramedics will listen to it all. Coming out in the spring...more updates to follow.
- VTACHR – VT contributes data to the National CARES database. This allows us to measure performance. Nationwide survival rates around 7 – 10%. In HP places like Seattle, out of hospital survival rates are pushing 50% survival. VT is not at the bottom but there's lots of room for improvement.
 - If your service needs to take the Resuscitation Academy for HP CPR, contact the EMS Office or Chris McCarthy.
 - This year we're introducing pediatric HP CPR to the protocols also. We have a training grant and Keith Hermiz did as well, so we can now offer Pedi Ras for train the trainers across the state. Merrill will get info out.
- Northern NE Hot topics in Resuscitation Conference and Resuscitation Academy will be held Thursday, and Friday, May 28-29 at Loon Mountain Resort in Lincoln, NH. Great speakers on Day 1

(Thursday) and it's not just a repeat of last year. Day 2 (Friday) is both a full HP adult track and HP pediatric track.

VT Healthcare Emergency Preparedness Coalition Update and Introduction of Jennifer Bynum

- Jenny introduced herself as the Readiness and Response Coordinator. She began her job with the Coalition in November of 2019.
 - The Coalition is a multi-disciplinary partnership to improve and expand EP response and recovery. Hospitals, public health, EMS and emergency management are all part of the Coalition. One of the goals of the Coalition is to increase membership.
 - In Feb, a low-notice exercise will be conducted to test hospital medical surge capacity. The test will occur between 2/10 and 2/21 and could be conducted any time within that 2-week window. The goal of the exercise is to test how and to whom a facility would coordinate and communicate with if they had to evacuate. Includes mock transport of patients. Goal is to provide real time transport information should your agency be called by a facility to assist in a mock evacuation. A formal AAR will be held at regular February 20 Coalition meeting at 9:00 a.m.
 - We meet monthly at various locations, and <https://www.vhepcoalition.org> all meetings and trainings posted. Please see the website for further information.
- Dan B – we'll talk about the coalition at various stakeholder and regional meetings coming up. Important.

Dr. Dave Nelson

- Dr. Nelson specializes in only pediatric emergency medicine. He relocated from Las Vegas approximately 4 months ago. UVMHC is increasing its pediatric care presence and building a separate pediatric emergency space and department. In Las Vegas, he did a lot of simulation work with agencies, so very open to that in VT. Working with Merrill at EMSC and providing guidance, also will put a plug in for 3/9 EMS-C meeting in Waltham, MA. Involved with VHEP Coalition as pediatric clinical advisor. EMS is paramount to anything that happens around the state disaster-wise. Hospitals cannot do med surge alone... Looking forward to reaching out around the state. Merrill has contact info for David, as well as contact info on the coalition site.

Corona virus

- Dr. Wolfson put out CDC guidance and our VDH guidance last week to all services and district officials. No incidents in VT yet. VDH is spooling up in preparation for it, and the HOC is now open at level 2. The HOC (Health Operations Center) is a multi-division/multi-department command that allows communication about emergencies. Monitoring requirements are just one of the many challenges that VT is trying to tackle, as well as what happens if this does become an epidemic in VT. Fair warning that a significant portion of staff time will get sucked into HOC activities. New guidance will be passed as we get it. Link to the memo in these minutes. Incorporate travel habits and recent history into patient history.

Legislative Update

- There are almost 90 bills in front of the legislature that impact public safety in some way or fo. The VAA, Professional Fire Chiefs and Professional Firefighters of VT have been very active – thanks! VTEMS staff have been working through our team upstairs to keep up to speed on important legislation. Dan urged participation in groups like the VAA--great way to stay up to date and involved in the democratic process.

Training Coordinator Update

- After negotiations and offers, the selected candidate declined. Back out to search. Staff continue to meet to discuss options.

Protocol Update

- Anticipate roughly a month or so. Couple changes will require a transition module, outside of the protocol updates being prepared now by Dr. Wolfson. For example, the EMR scope will now incorporate splinting, and Paramedics will incorporate a true surgical airway. Both will be transitioned over the next year in the form of a transition class and a Train-the-Trainer models because adding those skills requires some psychomotor training that can't be done on Centrelearn.

Conference Update

- Three RFPs are out to conference venues in southern Vermont. One venue showed a pretty significant price increase. If room pricing comes in high (\$160/room/night), it may preclude us from using the venue.

Data Update – Dan Batsie for Chelsea

- Medicare has selected 6 VT agencies for cost reporting requirement audits this year. First 6 of many over the next few years to be selected. VTEMS and the American Ambulance Association hosted a cost reporting seminar at conference this fall, and Chelsea's been working on templates and SIREN-related work to help. We'll likely put another cost reporting seminar from AAA this spring. There's also an online training from AAA. It's bound to be a heavy lift if your agency is not prepared and we're trying to help in any way we can. Cost reporting is related to first responder response. The 6 services are being asked to quantify care given by first responders. If the first responders aren't reporting into SIREN, there's little we can do to help them. FRs – join! It's Medicare, not us.

Mission Lifeline

- Dan Wolfson will email out mission lifeline data....performance metrics for STEMIs. Several agencies in the past few years have won different awards. If you're interested, participate. Go the mission lifeline website. We'll send you the EMS data, but you have to supplement that with your local hospital's cath lab data.

The call adjourned at 11:30 a.m.

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Agency of Human Services

Vermont EMS Information Memorandum

TO: Vermont EMS Practitioners, Service Leaders, District Medical Advisors
CC: Dan Batsie, Vermont EMS Chief
FROM: Daniel Wolfson, MD - State EMS Medical Director
DATE: January 24, 2020
Subject: Novel Coronavirus (2019-nCoV)

SUMMARY – A novel coronavirus, first identified in Wuhan, Hubei Province, China, has resulted in an ongoing outbreak of pneumonia. Hundreds of cases have been confirmed to date, primarily in China but spreading to a [growing number of countries](#). This outbreak began in December 2019 and continues to expand. At least 18 deaths have been reported. The first case in the United States was announced on January 21, 2020.

PROCEDURE –

- EMS practitioners should follow standard communicable disease precautions as outlined in *Vermont Statewide EMS Protocol 8.4: Bloodborne/Airborne Pathogens* (see attached).
- Use standard precautions, contact precautions, airborne precautions (e.g., N95 respirator), and eye protection (e.g., goggles or a face shield).
- **Obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. Individuals who meet the following criteria should be considered a possible Coronavirus patient.**
 1. Fever **and** symptoms of lower respiratory illness (e.g. cough, shortness of breath) **and** in the last 14 days before symptom onset,
 - History of travel from Wuhan City, China – **or**
 - Close contact² with a person who is under investigation for 2019-nCoV while that person was ill.
 2. Fever **or** symptoms of lower respiratory illness (e.g., cough, shortness of breath) **and** in the last 14 days before symptom onset,
 - Close contact² with an ill laboratory-confirmed 2019-nCoV patient.
- Place a surgical mask on the patient if tolerated.
- Notify receiving hospital of a possible Coronavirus patient prior to arrival.
- See the full VDH Health Advisory for additional information (attached).

Notes –

¹ Fever may not be present in some patients, such as those who are very young, elderly,



immunosuppressed, or taking fever-lowering medications. Clinical judgment should be used to guide testing patients in such situations.

² Close contact is defined as:

- Being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). Close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case – **or** –
- Having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

