

Governor's Alaska Council on Emergency Medical Services

MINUTES - Friday, October 2, 2009

Southern Region EMS Council

6130 Tuttle Place

Anchorage, Alaska

ATTENDANCE:

Council Members:

David Hull	Don Hudson	Soren Threadgill	John Dickens
Danita Koehler	Ron Bowers	Mary Leemhuis	Karen O'Neill
Roy Sursa			

Absent Council Members:

Steven O'Conner (excused)

Liaison Council Members:

BJ Coopes	Ken Zafren	Frank Sacco	Cindy Cashen (Phone)
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Regional Directors:

Bobbie Leichty, Southeast Region (Phone)	Agnes Jack, Maniilaq
Sue Hecks, Southern Region	Jane Schultz, Southern Region
Mike Motti, Southeast Regional Health Corp.	Louis Murphy, Norton Sound Region
David Potashnick, North Slope Borough Region	Brian Lefferts, Yukon-Kuskokwim Region

Visitors:

Neil Wasund	David Milligan, BBAHC	Representative John Coghill
Skip Richards	Shelly Hughes	Dr. Ward Hurlburt
William H. Hogan		

State Staff:

Tim Bundy	Terry Olliff	Lee Parham	Tonya Muldoon
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Dave Hull, ACEMS Chair called the meeting to order 8:22 a.m.

Oxygen Transportation Issue:

Terry Olliff EMS Unit Manager, reported according to the Pipeline Hazardous Material and FAA the transportation of O₂ (generators and tank cylinders) could be a risk of explosion when carried on an aircraft. There have not been any deaths or crashes directly related to O₂ transportation. The only event that is being used to make the decision to restrict the transportation is an event that took place in 1996 when a flight crashed after a fire started on board a plane that was carrying O₂ cylinders that were illegally stored. Up to Wednesday of this week (9/30/09) it seemed that Alaska would have had a permit/wavier to allow transportation with Air Northern Cargo and Alaska Airlines. Yesterday, the transportation of O₂

ended in Alaska. The administrator that had put the permit into place as of 9-30-09 is no longer with the FAA. Now Northern Air Cargo cannot get any feedback regarding if the permit is legitimate. The FAA is not getting answers from Washington DC. The known information is that the medivac flights are okay to continue to use O₂ cylinders. If the permit that was issued stands, it will only last for one year. Under the permit, O₂ can be carried to Bethel on Alaska Airlines, but the O₂ cannot be transported in single engine planes. The issue is larger than it appears as the push is also including all gases, nitrous gas, welding gases etc. In order for O₂ or other gases to be carried aboard a plane they must be stored in a box (note: many of boxes have not been manufactured yet, their costs are \$2000-\$10,000, they can only be used for 500 trips before they need to be overhauled, and the cost is being directed at the passenger not the airline). Terry Olliff did note that the FAA would allow personal concentrators.

John Dickens added that the large boxes for the clinic size cylinders are not being made yet. The industry does not have enough boxes for all the different kind of cylinder types. John has participated in all of the meetings in the last year regarding this issue. He has spoken with the FAA, and the response was that the people do not have to live in the villages, if they need O₂. He noted that both Senator Murkowski and Mark Begich are supportive in getting this issues resolved for the small communities in Alaska. John suggested that the state might need to go to having the O₂ generators in the villages. David Potashnick commented that they have been using an O₂ generator in Barrow successfully, however the cost is minimum is \$30,000.00 each.

Tim Bundy commented that the action to stop the transportation of O₂ cylinders started in the Office of the FAA. When IPEMS found out about this, the plan to remove O₂ from airlines had already been pushed through to completion without public comment. The FAA does not want to provide variances as they had had problems with providing too many variances in the past. The consequence without O₂ is that people will die.

Shelly Hughes from Alaska Primary Medical Care, a public guest at the ACEMS meeting only learned about the action in August. She has encouraged nursing homes and others to write letters regarding the need in Alaska.

Ron Bowers commented that the council needs to take time to see what's going to happen in regards to this action as he posed the questions of: are the boxes going to be made, will the villages want to generate own O₂ or have large shipments like what is done with fuel. Ron suggested having the Regions keep a close eye on what is happening with the village communities. He added that he would like to see if we could head off the problem, but the reality is that someone is going to have to die.

Danita Koehler noted the concern that the regulation cannot be changed at this time without possible media involvement and a lawsuit. She posed the question, if ACEMS wanted to contact the media. This was met with a general agreement, but was determined as not being the best course of action at this time.

The discussion continued with questions regarding the use of helicopters as being a part of the regulation. Terry Olliff provided the feedback that it was not concrete, but sounded like helicopter use was not going to be available, either.

Brian Lefferts commented that Frontier Medical makes 10-liter O₂ concentrators instead of generators at the cost of \$10,000 each.

David Potashnick added that there are concerns around using the O₂ concentrators as they release nitrogen as a byproduct when in use and may not be best to use on aircraft.

Terry Olliff agreed to look up in the FDR, regarding using a FAA certified medical cylinder, as an exemption. He commented that if the cylinders are empty they will still need to be boxed and that medivac transports could not carry the personal O₂ cylinders (belt attachment).

John Dickens noted that he will be talking to FAA next week (10/5-9/09) and that Northern Air Cargo was going to attend the ACEMS meeting but did not show. He continued to answer some questions regarding the transportation boxes by noting that the boxes that carry O₂ cylinders size D and E are available, but that the H are not available. He commented that the H sizes are the ones that most of the clinics use in bush Alaska. Additional impacting comments were made.

Sue Hecks questioned the use of the Alaska Marine Highway as a possible new transport. It was noted that AMH is limited statewide.

Is there any means of being able to work with Preparedness as a part of the H₁N₁ to get O₂ stockpile and/or concentrators?

Danita Koehler commented that now Medicaid and the payer would have to pay for more medivacs as doctors will not be able to transport patients who in the past could take a standard flight with O₂. These patients will be forced to take a medivac flight instead.

John Dickens noted that 7,000 cylinders are shipped per month, 4,000 of which are by air, at a current cost of \$30,000 annually; with new rules the cost will be \$29.44 million.

Karen O'Neill added that this issue is not out to the public yet and this is an issue that needs to be placed with the people.

Action Plan

Prepare a 2-page brief to the Commissioner (talking points). Teleconference in December

MOTION: [Don Hudson](#) motioned that ACEMS's Executive Committee continue to track the issues of transportation of O₂ by air and seek support in this issue. The executive sub-committee will get the word out to the providers regarding issue such as at the EMS Symposium and determine when to contact the media. [Danita Koehler](#) seconded the motion. Vote was approved, full favor.

Alaska Department of Health and Social Services Commissioner Report:

Commissioner William Hogan noted that he was able to attend the TSRC meeting on 9/30/09. He felt strongly regarding the importance of the comprehensive trauma plan for Alaska. He was looking to ACEMS for guidance and direction on this as we go forward with developing a trauma plan. He reported that the department is already looking at adding a Trauma Manager that currently has federal funding identified to pay for the position. He desires to fill the position with someone who, "gets up every day thinking about a new trauma system". He supports having someone from ACEMS to be on the interview board for this new position. The department has not yet decided where the position is going to be placed within the department, the Section of Preparedness or IPEMS, in Juneau or Anchorage. The commissioner noted that he had heard from Representative Coghill regarding the House and Senate bills 168 for an uncompensated fund to support hospitals and bill 169 to fund the uncompensated fund. He discussed other funding sources such as the DSH funds that are already intended to pay for patients who cannot pay for medical services being used to support the trauma system. He noted that the department is currently working on Management Plan for FY10 Plan and planning the FY11 budget. There has been a change in the H&SS budget schedule in order to a line with Mental Health Trust Authority planning period, thus the budget deadlines has been moved forward by a month. He stated that he attended the first Head's Up meeting on Sept 8, 2009. He noted that the Governor is a fiscal conservative that is very concerned about violence and sexual assault, children and ways to move our health care system including EMS services forward, as well as gasoline and environment issues. Some problems with the budget have been getting stimulus money. The RIA has altered the Medicaid match fund, to be 40% State, 50% Federal instead of the 50/50, so there is some additional Federal-funding coming. There are concerns, however as increased numbers of people are using Medicaid, including more WIC participants. He noted that more people are struggling with an increase in services of \$103 million and the Medicaid budget is more than 50% for overall budget with DH&SS. The commissioner closed with a welcome to Ward Hurlburt as the new Division of Public Health Director. He also requested that ACEMS draft letter to him, the Governor, senators, and legislators regarding getting funding for a trauma center in the sum of \$5 million.

Division of Public Health Report:

Dr. Ward Hurlburt, Director of the Division of Public Health and PH Medical Director, thanked the council for his invitation and provided a discussion about his background as a surgeon, who worked in public health for 32 years. He has been outside Alaska for the past ten years, five years with Public Health in Seattle and five years with Washington Medicaid. He discussed his long history and experiences working in the bush villages throughout his career. Dr. Hurlburt reported for the Division of Public Health; 4,200 doses of H₁N₁ vaccinations for children 0-4 yr will go out next week (10/5/09) and that the CDC has purchased twice as much as the seasonal flu. H₁N₁ has caused 800 deaths since July nationwide. He encouraged everyone to be vaccinated. He commented that the H₁N₁ vaccination would be two shots for 9-years old or under, one shot if over 9-years old and that the shot cannot be mixed with the nasal spray on the same day.

MOTION: [David Hull](#) motioned ACEMS to write a letter to support change in statues and regulation for pediatric care with EMSC specific regulations.
[Mary Leemhuis and Karen O'Neill](#) seconded the motion. Vote was approved, full favor.

H₁N₁ Expanded Scope Report:

Lee Parham, Training Coordinator for EMS and member of the ACEMS Training Committee presented the CHEMS website (www.chems.alaska.gov) and showed the council where to locate the revised document regarding the requirements for H₁N₁ for the department. Lee discussed the issue regarding EMTs providing vaccinations through reviewing the document available on-line. In short, Public Health Nurse, RN, PA, or Physician needs to be present during training to confirm that an EMT II or EMT III can provide a shot, but the oversight does not mean that a Public Health Nurse be present at the shot clinic. She notes that there was never an intent that EMT II or EMT III were just going out to provide vaccinations alone. If the department announces that there is a Public Health issued mass vaccination clinic the EMT II and EMT III will be under Dr. Zafren's license. If training is provided by a Medical Director to EMT IIs and EMT IIIs then they can provide shots under their medical director's license. The EMT II or EMT III must expand their scope of practice through the State Medical Board and the shot clinic still needs to be a Public Health issued mass vaccination clinic. Authorization according to the guidelines outlines that EMT II and EMT III can provide shots "during mass vaccination clinic or in the event of a declared public health emergency". Lee added that EMT II and EMT III could give nasal spray. She provided an overview of the H₁N₁ learning objectives that are available on-line including the CDC links that EMT II and EMT III must know before providing shots. There is also updated site information available on Twitter from DH&SS. For tracking purposes, the State wants everyone who has a shot to be entered on to a database. A special note of vaccination care was a concern as the vaccination must be kept at the correct temperature.

Danita Koehler added that the Army just lost 36,000 doses because at some point during the transportation the temperature went over the threshold.

David Potashnick commented that for a clinic that the EMT's will need to have a health aid or someone who is trained to handle the vaccination and to record the shot record.

Southeast Region EMS Report: (phone)

Bobbie Leichty provided the Southeast Region EMS report. She reported that the Fall Executive Meeting would be happening at the EMS Symposium in November in Anchorage. The EMS Southern Region Symposium is planned for, April 21-24, in Juneau. The SE region symposium will be held April 25-26 following the symposium. The regional office has lost one full-time employee the Administrative Assistant among others and started a new position as Prince of Wales EMS Coordinator. They are planning some clinical courses such as CNCC, PALS, and ALS. The deadline for submitting Code Blue is different for each Region and they have a meeting set for spring (Deadline date is Dec 18). The region now has working radios after a wait for two years to get the cell tower raised. The coverage is available now in Hyderburg and Edna Bay.

There has not been any movement towards ALMR. The Ketchikan State Troopers are now dispatching Hyderberg EMS and communications are still rocky, but improving.

Alaska Department of Transportation Report: (phone)

Cindy Cashen provided the report. She confirmed her role as the Administer of state funds through the Alaska Highway Safety Office. She discussed that her department determines the amount of a grant based on data and is mainly focused on gathering data around fatality and serious injury. She would like the opportunity to coordinate with the Regional EMS Responder agencies as a part of the Leadership portion of the Alaska Highway Safety Plan. Under the plan, the department is required to do a road review and visit fire departments.

Tim Bundy added that Cindy and her department were key supporters in getting funding for programs such as Child Passenger Safety, EMS Data, Trauma Registry, EMS Communications, and Youth First Responder (SE).

ACEMS Training Committee Report:

Kathy McLeron, Chair of ACEMS Training Committee, provided the report. She noted that the Training Committee has met three times in the last year. Michael Branum has been appointed as the head of the committee. They have completed their review of the current exam. They are beginning to look at when they should start writing the next exam. She explained that the committee would need to 1) create a subcommittee to plan the development of the exam, 2) actually write the exam and 3) publish the exam and have the State approval. They have also had a subcommittee look at a bridge program for EMTs to Paramedics for military, which they have approved. The committee has published a re-exam test. The draft skills sheets are still being reviewed. They are setting up pre-symposium courses that include options such as Life Med and they have already sent out the applications. They are reviewing possible distant programs and CME programs. Soren Treadgill came to talk about Northwest Region Support Program at their last meeting. The issue came up regarding picking dates for the next meeting and ACEMS requested that they look one year in advance around the time of the schedule ACEMS meetings.

Tim Bundy added that this is a better system and cost effective to have the meetings line up close together, so that people traveling can overlap.

Other members added that there is a need to investigate other options including teleconference meeting, share point, webcast and workgroups especially.

Air Medical Services Task Group Report:

Terry Olliff, Chair of the Air Medical Services Task Group, reported earlier in the meeting regarding the O₂ issues regarding transportation by air. Terry became the chair for the Air Medical Services Task Group last year and needs to set-up the group with a means of reporting back to ACEMS. The big issues at hand with the air medical community are inter-fighting between agencies and people pushing FTR's. They plan on meeting at the EMS Symposium. He discussed how there has been changes in staff with in the agencies and that the air medical

service is a growing business nationwide. He stated that the business has doubled within four years. Terry requested information from ACEMS about what is happening with air providers and any needs that they may have as providers. Terry's largest concern is to make sure that the services are safe.

Danita Koehler requested a list of the air medical providers in Alaska and the ones, who have pediatric and maternity certificates to be starred, see attached.

Danita: Critical Care Services in State: Life Flight, Life Med Airlift, Northwest, Norton Sound, Guardian Lift Flight, North Slope, Apollo,

Check services names for minutes

Star those services that have Pediatric certificates and maternity for minutes

Provide list of certified services

Spreadsheet of services

Terry Olliff stated there are no pediatric certifications in Alaska, but the services that meet federal guidelines in Alaska is LifeMed, and Airlift NorthWest.

Terry discussed changes in the reimbursement of air services and the concerns regarding making sure that services are certified.

Mike Motti commented on his concerns about legislation regarding certification.

Terry discussed how Medicare and Medicaid do not want to pay for air medical services.

Mike Motti added that often his associates have to transport people home by medivac, if Medicaid and Medicare are not reimbursing in the lower 48, we are going to have more trouble in Alaska.

Ethical disclosure - John Dickens announced that he has an ethic disclosure that he is employed with the 162 Gulf Alfa (Air Medivac) from Bethel to the villages.

Lunch

David Hull called the meeting back to order at 1:35 p.m.

EMS Regional Coordinators and Directors Report:

Sue Hecks, Chair of Regional EMS Coordinators and Directors reported that they have met a couple of times since last ACEMS. She provided a handout covering the Core EMS Grant Goals. She expressed that this will be used to write new EMS Grants and to measure if they are moving ahead or falling behind. They had a meeting in Juneau, August 11-12 that focused on planning for regulation changes and specific topics such as:

- What are the minimum standards, barriers, easily update standards and guidelines – want them to be more general
- ID stakeholders missed IDEN

- ACEMS Sub-committees, Air Medical EMS Symposium
- Determined process
- Wanting to finish comments by May, 2009
- Turn in suggested new Regulations to AG by Fall 2009.
- On-line questionnaire regarding desired regulations by November 1, 2009
- Drop box at EMS Symposium
- The meeting also looked at the issue of the push towards the National Trend. A primary concern regarding these changes is the combining of the EMS personnel into smaller groups to meet the national trend. They worked to defining a First Responder. The discussion focused on ETTs as First Responders. They developed questions regarding the use of ETTs if they are maintained in Alaska, such as: Should they be certified or not; how many ETT are there statewide? Currently ETTs are not certified nor are they monitored for completion of classes so the number of providers is unknown. If they are to be certified there are issues that will arise for the state IPEMs office for the added work load and there will be a need for the EMS Certification Program to grow. ETTs currently do not receive the property tax exemption as EMTs because there is no way of verifying the individuals so there are other regulations that would need to also be looked at more closely. The meeting also discussed the need for a bridge for RN and other medical providers who want to be EMTs. Another area that needed to be further discussed was whether or not there needed to be a State test or two tests for EMTs, one State and one national. A brief discussion was also made regarding changing the re-certification schedule to be more conducive to the state office so that deadlines are more spread out throughout the year instead of grouped in the winter months.
- Sue stated that they discussed the ARORA Program and they have drafted a letter outlining 13 problems and solutions with the Program that she will provide to ACEMS. These problems include not having a minimum data set and that the pre-hospital form needs to be updated. They will meet this coming Tuesday/Wednesday to spend more time on the ARORA Program. At this follow-up meeting, they will be reviewing a draft updated form and the data elements that Jean Schultz, Angela , and Wilma Bennett have been reviewing. Apparently, the NISA changed the data elements last week and Sue was not able to provide the updated details yet. Currently, the form is not required by the Regions, but this ruling can be easily changed. The changes to the form outline the basic information required in the ARORA system however, the form couldn't be scanned directly into ARORA. The hope is to help get the data recorded into the system, not in lieu of summing data to the State. Sue explained that if the data is entered into the system following the service and the patient is transported to a hospital, the record would be able to be used immediately about the pre-hospital care provided while the transportation is taking place prior to arrival. The information is automatically transferred to EMS Trauma System. The EMS Data is vital for legislation in providing information and feedback regarding the trauma system, but also in obtaining funding for programs such as Code Blue.

ACTION PLAN:

Wants ACEMS help for updating the State website: Regions depends on the IPEMS website due to the limited H&SS IT support. Have **ACEMS write a letter of support on the website.**

Sue led the discussion regarding the IPEMS website and the importance updating the site. The sub-committee had discussed some suggestions to updates that will work with the change in the National EMS Model to merge the Alaska's EMS system with the national one, such as a drop down menu of the State levels that plugs the Alaska model into the National level model.

Southern Region EMS Council Report:

Sue Hecks, Director of the Southern Region EMS, reported that the office is fully staffed with ten people. She discussed the movement of her staff and a brief introduction of the new people into the Regional Office. She noted that the Training Coordinator has moved to another agency however, the Region has continued to support over 200 instructors. In FY09, the Region was successful in training 400 students, provided 1,007 exams, and 48 practical exams. They had their first ever Mulage Competition to make things as realistic for students. Sue showed ACEMS an example of the booklet that the Region publishes four times annually called Life Lines. For the Comfort One Program, the Region received back 122 postcards and sold 42 bracelets. The Recruitment and Retention Committee is working to establish a Recognition Program to support EMS that would be for each community statewide. Jim Foster and John Decker are working on ambulance safety by redesigning the standard ambulance. They are communicating with various producers to determine the possibilities.

Cooper River

The Copper River office is moving as the radio station that owns the building wanted their space. They were successful this past year through their annual radio fundraiser to obtain \$63,000 for funding towards a new ambulance, which will act as the local match for Code Blue funding.

Bristol Bay

The Bristol Bay office is attempting to get all 23 villages on to AROURA. They have been teaching more EMT training. Dr. Ben has taught 91 classes and 61 students in FY09. A handout was provided showing an example of the Newsletter for Instructors that is published six times annually.

The Southern Region Office was recognizing the partners of Code Blue by hanging a plate on the wall listing all the groups and agencies that have helped with funding.

Alaska Fire Standards Council Report:

Gordon Descutner, Alaska Fire Standards Council Executive Director, provided the report. He explained that the council is a part of the Department of Public Safety, Division of Fire and Life Safety. The group started as a fire committee for setting the guidelines for the fire standards. The council entered the Alaska statutes in 2000 with the first Governor appointment to the council in 2001. In 2008, they received funding through the General Fund to help cover the costs for certifications. The council currently consists of 11 members plus, Gordon Descutner and Aubrey Raby who are State Employees. The mission of the Alaska Fire Standards Council is to establish training and performance standards for fire service personnel, and curriculum requirements for the certification of training programs. They are attempting to

follow/reference/update the national standard from the National Fire Protection Standards for their certification programs. They are working with the International Fire Service Congress National to provide portable certificates for individual Fire Fighters and Fire Fighter Instructors. They currently do all the testing and certification as well as provide certification to Fire Departments for teaching and overall certification. In the past year, they have issued 1,000 certificates.

The Fire Standards Council has been putting together a wish/needs list. They are having difficulty with keeping current on their website and would like to develop additional details like the IPEMS program. They would like to set-up a method to look up certification like the EMT's have on the IPEMS website. There is a database on file; In some cases, education was provided through a fire department, but not all departments followed through with the State. For example if an exam was completed before 2001 – there is a grandfather clause; note- 40 states are involved with the National Standards. They want to establish standards for dispatchers statewide and noted the need to coordinate with EMS and law enforcement. They did not know about the EMS Dispatchers certification and further discussion will be needed regarding the current regulations. Currently, certification is not mandatory according to statues or regulations for firefighters however, many large fire departments have certification is a requirement for hire.

Jody Hedrick and Michael Branum are both involved with the Fire Standards Council and with the ACEMS sub-committee for training. More information about the council is available on-line at <http://www.dps.state.ak.us/AFSC/>.

Public Information & Education Task Force Report:

Skip Richards, Chair of Public Information & Education Task Force Committee, provided a report. He reported that retention and recruitment difficulties are a primary focus for them. They have used posters of certified EMTs that were hung up at past EMS Symposiums to gain attention to the retention issue. They want to bring the posters back this year however; they do not have any funding. David Hull agreed to going through the EMT database to identify personnel for the pictures and getting the posters made. Skip noted that the smaller remote services have to hire paid employees to manage the office and duties as the volunteers in these communities can no longer do it. These services are suffering from limited funding and they are not always very organized but, Skip expressed that they provide good medicine. Skip explained that they need additional leadership and management (including grant writing) training for volunteers (and paid employees). He encouraged the Village Councils need to be educated on how to treat volunteers through positive reinforcement as the villages are losing their volunteer due to the pressure that they are receiving daily to perform. He adds that the volunteers need to be able to get out of the village to attend the EMS Symposiums, but to do this they need to have scholarship programs. Skip reported that VPSO Training is available and some services can hire personnel at \$25 per hour. The task force also wants to be able to create a career ladder for EMS personnel and suggest that there needs to be better advertisement of the opportunities at the Fire Academy and that they need to bring in more fun things to do. Skip pressured that the IPEMS website is mission critical to what they do as it provides current data

that everyone needs; it is an important asset, and a time saver and money saver for the EMS community. He requested from ACEMS to take the steps forward to ask that an IT employee in added to IPEMS in order to keep the website up with the funding resources to pay for this employee

Legislative Health Care/Trauma Report:

Representative John Coghill reported on HB 168; a design for funding a trauma care system and HB169 is requesting the actual funding of \$5 Million for the system to be set-up. He expressed that he was influenced to work on the House Bill after reading the College of Surgeons Report and due to his personal experience with the loss of his four-year-old grandson who passed away following a head injury at the Fairbanks Memorial Hospital. He noted that he is a supporter for funding Code Blue. He reported that he had the introduction hearing on the bills. In May 2009, he participated in a meeting of people who were related to trauma and reviewed the requirements that were outlined in the College of Surgeons Report. There was expressed interest and discussion from military officials who are willing to have ER physicians working in Alaskan hospitals. He is in support of having a Trauma System review and establishing a Trauma Plan including the redirection positions to establish a Trauma Manager. He was interest in learning more about the uncompensated share fund to fill the need. Hope cannot pay their medical care. There is some possibility of directing some of this funding to the trauma system.

Coghill promised to keep working on HB 168 and HB 169. He noted that the trauma system is competing for funding for such issues as schools, school nurses, and village fires. He commented that Governor Parnell is an interim governor thus it is likely that there will not be new budget items in the upcoming Governor's Budget. He noted though that the legislature has under spent Medicaid dollars. His plan is to promote the need for the Trauma System by his personal experience with his grandson. He reiterated that he and his family did not care about the payment and they were just focused on the getting the best possible care for his grandson.

Coghill warned the council that he may have changes with his job description as he may be moved to the Senate however; he will continue to work on this issue. He plans on taking information regarding the EMS Continuum: Prevention, First Response, and Hospital Trauma Care with him if this is the case. On a side note, he added that he met with the hospital association and the bills were met positively. He is very interested in listening for more information about EMS training and the career ladder for the First Responders. He is also willing to put together a meeting with people to talk about EMS to get information and to provide information in the Interior Region, Anchorage and in Western Alaska. He noted that the Region Delegation is the contact to speak to the legislatures (Senate and House).

Representative Coghill noted that ACEMS can support him by continuing what the council does (educate the legislatures), if the council sees a need that is a choking point, tell the legislatures, and tell them the priorities that are creditable. He agreed to have his staff contact ACEMS when the hearings are going to happen on HB 168 and HB 169. He also suggested informing other supporters such as Representatives Peggy Wilson, Bob Heron, Wes Keller Mike Harker (use to drive an ambulance), Senator Betty Davis, and Senator Bert Stedman.

Section of Injury Prevention Report:

Jo Fisher, IPEMS Health Program Manager II presented for Deb Hull-Jilly who was not able to attend. Jo provided ACEMS with an overview of the Injury Prevention Programs including Fire Prevention, Child Passenger Safety, Kid's Don't Float, Fall Coalition, and Family Violence and Education. She encouraged ACEMS member and others who may be interested in assisting with the insulation and education of fire alarms to contact her at (907) 269-5221 as volunteers are needed for program statewide. She explained the Child Passenger Safety Program that trains people to correctly install child safety seats. She also added that anyone interested in having people trained to call Gordon Glaser. The newest program is the Fall Coalition that is looking at falls for all age groups and is collecting data about such incidents with the plan to determine a means of reducing falls. Injury Prevention will be providing EMS Forensic Training and Respiratory Fit Kits at the upcoming EMS Symposium.

Yukon Kuskokwim Regional EMS Report:

Brien Lefferts, Director, reported YKHC has continued to teach part time injury prevention classes in their area. They have successfully completed 800 hours of EMS training to 748 students in classes such as CPR, First aid, EMT, and ETT. They have been working to reduce drowning and have eight communities this summer and to set up five new communities with Kid's Don't Float life jackets and adult life jackets. They made two commercials focused at adult males 15-35 years-old, who were in the group people that have had the most drowning in their area. They also have received a suicide prevention grant for \$50,000.

North Slope Borough Regional EMS Report:

David Potashnick, Director, reported they are now offering six different courses including CPR, services on ambulance, and H₁N₁. In the past year, they have trained 90 people. There has been a focuses on H₁N₁ and have conducted training with EMT II & EMT III regarding the protocols dealing with the H₁N₁ vaccinations. Their training has been with both patients and with providers. Code Blue Phase Seven funding helped them to obtain boxes to hold supplies and a new pediatric trainer (Pediatric IV). Throughout the year, they have received 2,500 calls.

Maniilaq Sub Region Report:

Aggie Jack reported as of August 12, they are no longer taking air medivacs. Guardian has taken over the contract and is now providing the service. Guardian has a plane in Kotzebue and the paramedics that were employed by them, are now employees of Guardian. They are looking for two instructors for ACLS and PALS. She briefly discussed the National Native Health EMS Conference that will be held June 23-26 in ABQ, New Mexico. On July 18, 2009, they had a successful EMS Trauma Day in which over 500 people attended. She described that they had various booths such as head injury information and education, proper hand washing, and information regarding H₁N₁.

Norton Sound Regional EMS Report:

Louis Murphy. Director reported they have spent three years worth of Code Blue funding in about a six-month period of time on such items as a new snow cat for Village of Gamble and various equipment was purchased such as storage units and back boards, among other items.

They have provided 88 classes to 650 participants in BLS, ACLS, Health Aid, EMT, ETT, and H₁N₁. They have completed educational courses in every village about H₁N₁. At this time, three villages had an H₁N₁ attack rate of 44% of the people (including providers). They have provided 444 airlifts to ANMC. They have added flight nurses and paramedics to air services. He discussed how some of the northern villages are being affected by global warming as it is causing the ice to melt creating difficulty with aircraft to land. He also briefly noted that the bogus calls are not happening with their current communication system, as they have in the past.

New Business:

David hull opened the discussion to new business issues that anyone may have.

- Continue to provide data entry for the trauma registry.
- Ron Bowers noted that the last time that ACEMS asked for assistance that ACEMS did not get for the Trauma Data System to get laptops and computer for the EMS Services. He added that the small EMS departments do have the money for training. ACEMS may want to ask for less money this time.
- David Hull noted that the council wanted to support funding for a position to have someone available in the State office to send trauma information to that could provide the data entry of the occurrences in the small hospitals.
- Roy Sursa noted that for EMT volunteers, they will do the paper report, but they will not do the computer data entry. This will need to be discussed further.
- Mike Motti noted and began the discussion to make a list of priorities to provide to the legislature (as per the suggestion form Representative Coghill). The following is the list that was created.

NEXT AGENDA ITEMS:

- How to we convince the providers to do the data entry (compliance) – important
- National/State Education Standards – long time – Training Committee
- EMSC Regulation and Compliance
- Orientation Manual
- Statues
- Good Sam
- Need to certify ETT to have them immune (and possibility the driver or an uncertified person).
- By Laws – next agenda
- Retention and recruitment – next meeting
- EMS Communication funding – next meeting
- MAST Next agenda

URGENT ISSUES – to be addressed before next ACEMS meeting

- Oxygen transport issue
- Webpage update
- Trauma Legislation (HB 168 & HB169)
- EMS Regulations

- Code Blue Funding

Upcoming Meetings:

- Teleconference: December 2009 a firm date will be determined by e-mail.
- February 4-5, 2010 - Juneau (Legislatures available)
- October 7-8, 2010 - Anchorage
- February 3-4, 2011 - Juneau
- October 6-7, 2011 - Anchorage

David Hull thanked the council member for their time for coming to the meeting and providing their reports.

Meeting adjourned 4:30 p.m.

Minutes approved in full favor of all ACEMS members 4 February 2010