

**ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES**  
**Minutes of Meeting - Thursday, September 21, 2006**

**Call to Order:**

Vice-Chair Karen O'Neill, MD called the fall meeting of the Alaska Council on Emergency Medical Services to order.

**Welcome and Introductions:**

***ACEMS Members in Attendance:***

Karen O'Neill, MD, Vice-Chair	David Hull
Ron Bowers	Charlie Lean
Ken Brown, MD	Soren Threadgill
John Dickens	
Donald G. Hudson, DO	

***State Section of Injury Prevention and EMS Staff in Attendance:***

Tim Bundy, Section Chief	Shelley K. Owens, Public Health Specialist
Kathy McLeron, EMS Unit Manager	Doreen Risley, Public Health Specialist
Martha Moore, Public Health Specialist	
Arlana Bone, Administrative Clerk	

***EMS Regional Staff in Attendance:***

Ronni Sullivan, Executive Director, Southern Region EMS Council, Inc.  
Bobbi Leichty, Executive Director, Southeast Region EMS Council, Inc.  
Dan Johnson, Executive Director, Interior Region EMS Council, Inc.  
Jane Russell, YKHC Region  
Aggie Jack, EMS Director, Maniilaq EMS  
Dave Potashnick, EMS Regional Director, North Slope Borough Fire Department  
Brent Clark, EMS Director, Norton Sound Health Corporation  
Mike Motti, EMS Coordinator, South East Regional Health Corporation EMS  
Terry Stone, EMS Coordinator, Kodiak Area Native Association  
Skip Richards, EMS Coordinator, Chugachmiut Corporation  
Sue Hecks, EMS Coordinator, Kenai Peninsula  
Teresa Seybert, EMS Coordinator, Bristol Bay Area Health Corporation  
Dave Abbott, EMS Coordinator, Copper River EMS Council  
Debbie McCravey, Southern Region EMS Council, Inc.

***Liaison Representative Members in Attendance:***

Frank Sacco, MD, Alaska Native Medical Center and American College of Surgeons; Ken Zafren, MD, State EMS Medical Director, BJ Coopes, MD, Children's Hospital at Providence

**Approval of Minutes:**

*MOTION:* To adopt the minutes from the April 20 and 21, 2006 meeting.

*ACTION:* Passed

**Approval of Agenda:**

*MOTION:* To adopt the agenda for September 21 and 22, 2006.

*ACTION:* Passed

## **REPORTS FROM COMMITTEES, TASK FORCES, AND WORKING GROUPS**

### **Executive Committee Report** (Karen O'Neill, MD)

Karen reminded members of the ethical rules.

### **ACEMS Liaison Member Report**

**Frank Sacco, MD**, Alaska Native Medical Center and American College of Surgeons:

Training: ATLS is doing well. There are a record number of courses in the state, including the Rural Trauma Development Course, which is taught at small hospitals and local facilities and includes prehospital providers as well as hospital personnel. It is meant to teach teams of people responsible for dealing with medical traumas. One will be conducted in Nome in October.

Trauma System Development: Trauma System Improvement bill. We've talked with several legislators about sponsoring legislation introduced to provide incentive for hospitals to become trauma centers, with a medical liability cap of \$500,000.

Trauma Registry: We've uploaded information into the National Trauma Data Bank, which has over 1 million entries in the registry. NIOSH has been supporting the trauma registry for years. ACEMS has formerly stated that there is a definite need for the Registry.

Tim Bundy: Clarification – NIOSH provides only \$60,000 in federal funds. The total cost for the Trauma Registry is \$260,000. We've lost over \$1,000,000 in federal funds. The Trauma Registry may have to be reduced drastically or discontinued entirely without sufficient funds. This is a very serious issue and support is needed.

**BJ Coopes, MD**, Children's Hospital at Providence:

Dr. Coopes described her outreach and training activities in Barrow. Going beyond PALS and being able to provide aid for an ongoing condition is paramount. She's had many personal experience of rendering EMS on the spot in villages.

### **Injury Prevention Report** (Mary Krom)

Mary gave an overview of the Injury Prevention Unit. A 3-year Injury Prevention Plan is in the works. Fall prevention is of particular interest. The Kids Don't Float Program has recorded 12 documented saves. 31 new sites have been added. The Poison Control Center received 9,950 calls in 2005, of which 1,700 resulted in hospitalizations. The 5-year report is posted on the website. Tim: the calls cost Alaska \$19 each, whereas the cost is about \$30 in the Lower 48. We need additional funding, due to a decrease in federal funds, to keep this program going.

There has been an over all decrease in injuries with the exception of poison control and falls. In fire safety, over 3,300 homes have been enrolled and there have been 43 documented saves from home fires. Approximately 90% of homes have functioning smoke alarms. Our partners include local and volunteer fire depts., ANTHC, and other tribal programs.

We're working with NIOSH on occupational deaths. Other campaigns are helmet ordinances and sports-related head injuries. We lost our FACE program, which we had for 15 years. With regard to suicide prevention, there are numerous levels of suicide attempts, most of which start out with poison, drugs, and finally firearms. More than 50% are native females of which 25% are in Anchorage.

### **EMS Program Report** (Kathy McLeron)

There have been staff changes since the spring meeting. Martha Moore has retired, but is now working for IPEMS in a non-permanent status. Zoann Murphy is now officially the certification specialist, and Maria Bailey has taken over the Kids Don't Float and the Poison Control Programs.

We've been busy with the Certification Database, EMS Data Collection, and Regulations projects. We are reviewing the barrier crimes in particular. [Kathy gave a presentation on EMT certification, application processing time and the most common defects.] As of January 1, 2007, no paper-based NREMT EMS examinations will be given. We are working on solutions for rural applicants. There is no testing site in southeast Alaska.

### **EMS Training Report** (Mike Branum)

Mike discussed training and certification activities. He took an Incident Command System (ICS) and will be training the trainers the State Symposium. Administrators and Captains need level 300 certification at a minimum. Other activities including preparations for mass vaccination clinics to develop pandemic preparedness and developing a catalogue of legacy VHF systems in danger of being abandoned during the transition to ALMR paging systems.

### **Barrier Crimes to EMT Certification** (Kathy McLeron & Dave Hull)

Barrier crimes were discussed, including DUIs. Instructors need to inform candidates about convictions which prohibit them from becoming certified as an EMT. Currently certified EMTs are required to report to the state of Alaska within 30 days of their arrest. In the event that the applicants are not honest, we still have a system of checking records for arrests and/or convictions. It has been proposed that we require fingerprinting or various other forms of identification before certification (which increase the cost of EMT certification by approx. \$125.00).

### **ACEMS PIE Committee Report** (Dave Hull)

The Committee would like thank you letters from ACEMS to Kyla Hagen, the State office, and Zoann Murphy. The ACEMS brochure needs to be reactivated to let the general public know what ACEMS is and what we do. Emily has volunteered to help. Please email any input to her. The Committee considered more frequent meetings by teleconference and started thinking about support for EMS funding.

### **State EMS Symposium Update** (Doreen Risley)

Symposium will be November 8-11, 2006. The keynote speaker is Dr. Ron Pirrallo from Wisconsin and he will be talking about the physiology of CPR and the current science and recommendations behind the changes. Pre-symposium sessions include a two-day ASIST training - Applied Suicide Intervention Skills Training which is designed for adults who have contact with youth, a two-day APLS course (Advanced Pediatric Life Support) from the American Academy of Pediatrics, a one-day EMS Management workshop, and several ½ day sessions on Thursday.

### **Alaska EMS for Children Program** (Doreen Risley)

A new 3-year grant for \$115,000 is going great. The focus is on complying with the new Performance Measures. The EMSC Advisory Group had a day-long strategic planning session in May. One measure, mandatory pediatric-specific CME for re-licensure of paramedics, is on its way to being accomplished. The Medical Board passed an initiative in July and is working on a regulation change. The program will continue to support pediatric education at the State and regional symposia.

### **Code Blue Program** (Doreen Risley)

The USDA is not funding Phase 6 this year which will greatly impact what we can purchase this year. The total requested funding for USDA was \$1,972,679. We did receive \$425,000 in Capital funding to be used as a match for the USDA and local funding. The program is ongoing with a request for \$425,000 for FY 2008. The steering committee is also working with the Denali Commission to make up for the shortfall. The original Denali Commission funding that was granted in 2001 is close to completion. That award was for \$924,866.

Over the life of the program a total of \$13,967,880 has been spent. This includes State, USDA, Denali Commission, Rasmuson and local funding.

**Rural AED Program** (Doreen Risley)

This grant program ended August 31, 2006 and was not renewed. The Federal program was drastically reduced and only 3 awards, nationally, were made this year. We did distribute 78 AEDs and 34 trainers this past year as well as provide money to the regions for training.

We specified in the request for bidders of the AEDs that they needed to be compliant with the 2005 AHA guidelines. The winning bid was the Samaritan PAD AED. The AED has been upgraded but the trainers were not. The vendor is currently working that issue which should be resolved by the end of the month.

**Trauma System Development** (Doreen Risley)

The federal funding is gone, but we are using money from the Rural Hospital Flex program to continue to fund the Trauma System Review Committee meetings and some Rural Trauma Team Development (RTTD) courses. Norton Sound Regional Hospital is having a re-verification visit for Level IV in October and Dr. Sacco will add on an RTTD course. During that course we hope to train additional instructors so that we can get the course around the state. Also, Mt. Edgecumbe has requested a verification visit for Level IV Trauma Center. We are also waiting on an application from YKHC for their re-verification. We are still conducting surveys on trauma training for providers and the latest survey is for mid-level providers. There is a great need to get them some trauma training particularly in locations where there is not a physician. The RTTD course is ideal to meet some of this need. In other news, the new Alaska Air Medical Escort Training Manual is printed and ready for distribution. The manual is available from Southern Region for \$28 each.

**Regional EMS Directors/Coordinators** (Sue Hecks)

Expanded scope of practice issues and the regulations update project were discussed. Brian Webb is working on an update of the information CD for new medical directors. ALMR was discussed and will be discussed tomorrow. Other matters on the agenda including NIMS compliance, pandemic flu planning, updating AEDs to new standards, legislation and EMS Day at the Legislature. New Directors and Coordinators were welcomed: Brent Clark representing Norton Sound, David Abbott for Copper River EMS, and Jane Russell, not a Director but representing the Yukon-Kuskokwim Region.

**REGIONAL DIRECTORS & COORDINATORS REPORTS**

**Southern Region** (Ronni Sullivan)

The 20% increase in grant funding applies to the subareas as well. We've also increased the mini-grant funding by 20%. We hope this will be a new base. We have a new Resource Coordinator, Lincoln Garrick and have reinstated the Public Information & Education Coordinator and hired Emily McKenzie for the position. We've been busy with Code Blue activities purchasing defibrillators, and bidding ambulances and a patient transport vehicle for Pilot Point. We completed the bioterrorism curriculum in May and it has been distributed. Ronni announced her retirement and departure from SREMSC at the end of the fiscal year.

**Interior Region** (Dan Johnson)

We bought a new building located on Peger Road near the Alaska State Troopers' offices. We closed on the new building in late June and moved in on August 1. This will give us stabilized expenses and improved efficiency. Code Blue is ongoing in Phase 6. We hope that USDA funding will be granted again. The Rasmuson Foundation has a new policy which requires recipient organizations' board members to make cash donations to the organization. In-kind and other non-cash contributions do not count. If IREMSC applies for any Rasmuson funding, it is not only necessary that we document contributions for our board, but also for every organization that is receiving funding. This is a major change and it remains to be seen how it will play out in our region. Costs have been increasing, such as heat and fuel, and our region, including the Tok subregion, has been flat funded for many years until the legislature increased our base funding this past session. With the increase, we will first catch up with underfunded essential expenses. We also plan on hiring a full-time person

for training and would also like to reestablish our newsletter. Training continues to be the cornerstone of our operation: we train approximately 2,500 people per year.

Quoting Dave Hull regarding ALMR, "We're not on the train, we're tied to the tracks". Troopers have converted to ALMR back in May, but little or nothing has been done to facilitate communication between EMS and Troopers. We don't know exactly what kind of equipment is needed, how we program the radios, and how to function within the new system. Remaining questions also include who will fund the radios and who will fund on-going expenses ("subscription fees"). We do know that Code Blue cannot fund it and we are trying to identify other sources. The state has not stepped in to provide effective assistance to non-state agencies in planning the transition or funding it.

**Southeast Region** (Bobbi Leichy)

Korie moved to Wasilla and we've hired Anjela Johnston as interim Training Coordinator. Symposium is scheduled for March 14-17, 2007. The theme will be Extremes of Ages (Pediatric & Geriatric). Dr. Copass, will be presenting. The Sitka Youth Responder Program (high school) is expanding. We've increased the communities that are available for mini grants. Injury prevention activities, such as Safe Kids, are handled by other programs like SEARHC, so we don't have money allocated for injury prevention activities. At present we're not on the ALMR radar map. All of the villages have satellite phones, with an 800 mhz system.

**Maniilaq Association** (Aggie Jack)

Our paramedic Julie is moving to Sitka: we were fully staffed for about 1 month. Aggie discussed training and Code Blue activities. Red Dog Mine has its own instructors.

**Norton Sound** (Brent Clark)

Brent described Code Blue activities and mining activities in the region.

**Yukon-Kuskokwim Health Corporation** (Jane Russell)

Jane described training activities in the Yukon-Kuskokwim Region. We are getting 2 vehicles, one for Emmonak and St. Mary's. Toksook still needs a vehicle, and all of the EMS equipment was lost in the fire at Hooper Bay.

The new background check law affects the rural areas, mostly. Fingerprinting costs \$59 per person, and after fingerprinting, if a person shows up on the barrier crime list, the state has to terminate the person within 24 hours. No one is informed as to why the person is on the list. Tim and Kathy commented about the importance of commenting on proposed laws and regulations before they are enacted.

**North Slope Borough Report** (Dave Potashnick)

Progress has been made towards finishing the acquisitions under Code Blue Phase 5 and equipment and supplies for training continue to be received. An EMS Instructor position has been added by the Fire Department in cooperation with the Health Department, and this should enhance the ability to provide basic level courses to providers and the public. Implementation of a pay-for-call system by the Fire Dept. for the volunteers seems to be having some positive impact on response and interest in the villages as well as Barrow.

Budget declines within the North Slope Borough continue to impact services throughout the region. This situation has the potential to leave the regional program significantly underfunded, as the North Slope Borough, through the Fire Dept., has historically funded a substantial portion of the program. Alternate methods of travel and providing training to the villages are being explored to include the use of local college resources, reduced fare tickets and distance education.

Adjourned at 4:35 pm.

**ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES**  
**Minutes of Meeting - Friday, September 22, 2006**

The meeting was called to order at 9:07 am.

**EMS Medical Director's Report** (Ken Zafren)

Dr. Zafren described his work on two CDs, including one for new medical directors and his work with the Training Committee and preparations for the State Symposium. There was a discussion about the use of rapid sequence intubation (RSI) by paramedics. Paramedics are caught in a Catch 22 situation because they are encouraged to use any means necessary for revival, yet their medical instructions do not support that line of thought. The thought now is getting patients to the hospital is more valuable than paramedics working on a patient at the scene. Alternatives to intubation were discussed, including the use of laryngeal mask airways (LMAs).

**IPEMS Section Report** (Tim Bundy)

As of August, we had \$1,000,000 less budget funds than last year. The loss of revenue is a real issue. We've had to delay filling positions. [Tim described the current grant status.] We've moved our offices and reduced our leasing costs and travel expenses. With the reduction in oil revenue, USDA, a major financial supporter, has pulled out of Code Blue. With the switchover to ALMR, there is no money allocated to foster an alternate method of communications in the interim. Nationally, the poison control centers have cost more than anticipated. The Oregon Poison Control Center contract with Alaska is coming to an end and we will need to come up with another \$50,000 to continue to run this program. We are contracted through 2007, but need to acquire funds for FY08. We are also attempting to get general fund monies to address family violence (which is impacted by other issues, such as alcoholism). Alaska is number one in the nation for murders of women.

**Public Health Division Report** (Richard Mandsager, MD)

When we serve Medicaid clients, poison control should be a standard part of that expense. Federal monies are dwindling, and we're concerned about IPEMS. Public health infrastructure is fragile across the nation. We need to consider funding for ALMR.

- Death rate (unintentional) was down to 43 in 2005, which is the lowest in recorded history for Alaska.
- One of 20 pregnant women is physically abused.
- Seat belt use is approximately 80%.

Thanks to those who've participated in the pandemic influenza preparations. We're purchasing anti-viral sera (for immunization), which will raise issues of storage, etc. We hope 5 or 6 community strategies are looked at and copied, and it should make a difference healthwise. Examples are sending kids home when sick, parents staying home from work when ill, school closures, and use of personal protective equipment. Are the community visits making a difference? The conclusion is a resounding "yes". In the villages the whole community is involved in detecting any hint of abnormal behavior in animals (they are quickly killed to prevent contamination and disease).

Ronni Sullivan: No matter what happens, we're better prepared than before the training. It has been a serious effort to coordinate EMS and Public Health at the community level. This is the first time we've been able to work together so effectively. Relationships with other agencies are being forged beforehand, which will come in handy when there is an actual emergency.

**Rural Health & Health Planning Update** (George Ives)

The reduction in federal funding has impacted the office, which is federally funded. Physician retirements have produced shortages and they are working on recruitment and retention initiatives. Other projects include uninsured Alaskans and the Frontier Extended Stay Clinics for the stabilization of critically-ill patients in remote areas. Patients cannot pay for ambulance transport to extended care centers and they are working on a billing survey now. Most EMS sites are doing their own billing.

### **ALMR Update & Discussion** (Dave Hull & AST Major Matt Levesque)

Matt is the Chair of the ALMR Users Council and formerly a medic with Chena-Goldstream.

Why ALMR? In the late 1990s, the legacy radio system was breaking down. Vendors for Legacy equipment were no longer making the equipment. Do we continue to purchase parts from other vendors, or establish a new, uniform, and dependable system. A trunking system uses shared repeaters with “talk groups” (channels). The new system may cost less, but there seems to be a sense that information is being withheld. The Dept. of Defense has by far the most ALMR subscriber units (radios). Until October 1, 2007 there will be no cost to subscribers, but after that date no one knows.

Who programs and supports the new radios? Kodiak just installed a new digital radio system (not ALMR). The system administrator has to add a system. Matt will try to facilitate problem solving. Current pagers are (or should be) working for now. Will ALMR ever support paging? No.

Dan Johnson: State Troopers in Tok have made the transition to ALMR, but no one is working with the rescue squads whose are using the legacy system. If EMS initiates the call, they have to phone the dispatch center, for example, Tok has to call Fairbanks dispatch, who calls the Tok Troopers to tell them to monitor the EMS call. Conventional scanners won't scan ALMR or digital scanners. ALMR radios are P25 compliant, but must have trunking capability to work. The primary control channel (repeater) assigns a call to a repeater. The call may start on one and switch to a second. The disparate systems don't allow scanning both conventional channels and current talk groups at the same time.

Once the system is encrypted, will EMS be able to talk with AST? Yes, the AST radios are multi-mode and encryption can be toggled on and off to talk with EMS. AST can receive transmissions from EMS although encrypted. Scanning is a concern: EMS could call AST but AST won't hear the call.

It isn't known how long the State will maintain the legacy system.

The planner designed 3 zones, with 8-12 channels per zone: IC; IC-Administration; Interoperability zone. A concern is that the cheaper radios don't include all features but systems which require lowest bids may result in a compromise in quality and interoperability. AST is using 27 zones with 3 interoperability zones.

Sue Hecks: Kenai is installing Motobridge (Motorola's gateway system) to coordinate dispatch. Matt: It isn't being installed statewide.

### **Appointments to Task Forces and Committees**

*MOTION:* To appoint Brent Clark to the Training Committee [Hudson/Dickens]

*ACTION:* Passed

*MOTION:* To reappoint John Dickens to the Bylaws Committee [Hull/Bowers]

*ACTION:* Passed

*MOTION:* To appoint Karen O'Neill to the Bylaws Committee [Bowers/Soren]

*ACTION:* Passed

### **Member status: Election of Officers**

*MOTION:* To elect Karen O'Neill, MD as Chair [Lean/Hudson]

*ACTION:* Passed

*MOTION:* To elect Dave Hull as Vice-Chair [Brown/Hudson]

*ACTION:* Passed

*MOTION:* To elect John Dickens as Officer at Large [Hudson/Bowers]

*ACTION:* Passed

### **EMS Award Criteria**

*MOTION:* To approve the new EMS Award criteria [Hudson/Hull]

*ACTION:* Passed

### **Action Items**

- *MOTION:* To prepare a letter of support for the State Trauma System and Trauma Registry at a time deemed appropriate by State staff. [Hull/Threadgill]  
*ACTION:* Passed
- *MOTION:* To prepare a strong letter of support for the Poison Control Program at a time deemed appropriate by State staff. [Hull/Threadgill]  
*ACTION:* Passed
- *MOTION:* To prepare a letter of thanks to Kyla Hagan for her work on the PIE Committee EMT survey [Hull/Dickens]  
*ACTION:* Passed
- *MOTION:* To prepare a letter of thanks to Zoann Murphy for her work on the PIE EMT posters with a cc to Tim Bundy [Hull/Hudson]  
*ACTION:* Passed
- *MOTION:* To prepare a letter of thanks to Matt Leveque for addressing ACEMS about ALMR [Hull/Hudson]  
*ACTION:* Passed

### **Dates for next ACEMS meeting**

*MOTION:* If the vote to shorten the Legislative Session passes: March 27-30, 2007; if it does not pass: April 17-20, 2007. [Hull/Hudson]

*ACTION:* Passed

Adjourned to Executive Session: 2:40 pm

### **EXECUTIVE SESSION (ACEMS Awards Nominations)**