

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 10, 2020
11:00 A.M.

Members Present

Dr. Kim Askew
Mr. John Grindstaff
Dr. Bill Atkinson
Dr. R. Darrell Nelson
Dr. Jeff Williams
Dr. Douglas Swanson
Mr. Jim Albright
Dr. L. Lee Isley
Mr. Robert Poe
Mr. Donnie Loftis
Mr. Jim Gusler

Dr. Kimberly McDonald
Mr. Kevin Staley
Mr. Todd Baker
Mr. Matt Peeler
Mr. Andrew Baird
Mr. Edward Wilson
Ms. Viola Harris
Dr. Pascal Udekwu
Mr. David Garrison
Dr. Roberto Portela

Members Absent

Mrs. Carolyn Creech
Mr. Chuck Elledge
Dr. Jay Wyatt

Staff Members Present

Mr. Tom Mitchell
Ms. Susan Rogers
Dr. James "Tripp" Winslow
Ms. Melynda Swindells
Ms. Amy Douglas
Mr. Jeff Powell
Mr. Chuck Lewis
Ms. Jessica Myers
Ms. Kimberly Clement
Ms. Paige Stevens
Mr. David Ezzell

Mr. James Caldwell
Mr. Doug Calhoun
Mr. Billy Langston
Mr. Wally Ainsworth
Mr. Todd Messer
Ms. McKenzie Beamer
Mr. Dale Sutphin
Mr. Ed Browning
Mr. Rob Amerson

Others Present

Alex Belanovich	J. Holmes
Andrew Bouland	Joel Faircloth
Andrew Godfrey	Jonathon Nixon
Anjini Joiner	Josh Loyd
Barbara Stiehl, MD	Joyce Winstead
Carrie Ann Gaillilan	Keegan Bradley
CDR Raymond Cudnik	Kenneth Mark Holloman
Chris Dobek	Kim Campbell
Christopher Peterson	Christopher B
Deb Rogers	Lee Westbrook
D. Gillispie	Mark Lockhart
Don Garner	Paul Seamann
FHC EMS	PS Anderson
Fred DeFriess	Robert Lamerson
George Bell	Robyn Neely
Gina Scharf	Scott Wilson
Greg Chapman	Sheila Mulkey Hardy
James Hood	Stanly Co EMS
Jane Waddell	Susan Macklin
JD Thomas	Tonya Clark
Jeff Justice	Tracy McPherson
Jeffrey Stallings	Tyler Constantine

(1) Purpose of the Meeting: Due to the COVID 19 pandemic, and for the health and safety of all involved, the North Carolina EMS Advisory Council met virtually to hear reports/updates on Trauma Center Designations, Compliance and Education, HealthCare Preparedness Program, COVID 19, Medical Director update and agency activity report.

(2) Actions of the Council:

Dr. Kim Askew, Co-Chairman of the Council, called the meeting to order at 11:00 a.m.

a) Motion was made by Mr. Peeler, seconded by Dr. Williams, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the August 11, 2020 meeting be approved with one addendum, Mr. Loftis was present at the meeting

b) Motion was made by Dr. Swanson, seconded by Dr. Atkinson, and unanimously approved that:

RESOLVED: The EMS Advisory Council shall add two recognition awards, the Graham Pervier Award and the Kent Spitler Award

(3) Other Actions of the Council:

- (a) Dr. Askew opened the meeting with the following tribute to the late Graham Pervier, Chairman of the EMS Advisory Committee:

Remembering Chairman Graham Pervier 1942-2020

Graham was appointed to the NC EMS Advisory Council in November 1979. He was an active member of the Council for 41 years. He was the co-chairman for many years until Dr. Johnson retired in 2006 and Graham was voted in as Council Chairman.

Graham represented the NC Association of County Commissioners until the April 2014 when he was appointed by the DHHS Secretary to fulfill Tony Seamon's unexpired term representing the public.

Graham served from 1987-2006 as Forsyth county manager. During those 19 years, Forsyth County, and county government, went through tremendous growth and change.

During his tenure, he oversaw the construction of the current Forsyth County Government Center, County Fire Department Headquarters Building, Law Enforcement Detention Center, Sheriff's Administration Building, Social Services Building and the Emergency Medical Services Building, which was renamed in his honor in 2006.

Also during his tenure, the county formed the Infant Mortality Coalition, implemented Welfare Reform, and started its housing program. He presided over numerous economic development projects in the county and earned many National Association of Counties (NACo) Achievement Awards.

After his retirement from Forsyth County, he moved to Rockingham County where he served as president of the Rockingham County Partnership for Economic and Tourism Development from 2006-2014. He also served as vice-chair of the Piedmont Triad Partnership's Economic Developers Advisory Committee and president of the N.C. Retired Government Employees' Association.

The EMS Advisory Council and its goals were very important to Graham and we thank him and his family for his dedicated leadership and service. Our thoughts continue to go out to his family

- (b) Ms. Amy Douglas reported the following trauma update:

- Novant Rowan Medical Center had a consult site visit in the fall of 2019. They are hoping to move forward with an initial site visit in late spring 2021, pending COVID cases decreasing and their COVID response being more manageable
- Pardee UNC Health in Hendersonville is actively seeking Level III designation and has requested a consult visit. Due to meeting limitations, there will be a virtual question and answer/abbreviated consult visit on 11/12/2020
- The NC COT trauma system subcommittee has been actively assessing trauma care in the state in order to identify areas with gaps in care
- NC Trauma research committee active research projects:

- ✓ The referring facility project is looking at delays in transfers of injured patients
- ✓ Geriatrics Outcomes project – tentative thesis is that under triage of the geriatric population can be decreased by identifying findings in the assessment that would alert the pre-hospital provider to potential poor outcomes. They will look at parameters that EMS can use to determine whether a geriatric patient should go directly to a TC versus a RF
- ✓ UNC Capstone students project is looking at pediatric imaging in order to determine appropriate protocols to address balancing the need for imaging of children with traumatic injuries to identify injuries against the risk of radiation. The concern is that liberal use of CT scanning during the evaluation of injured children increases their exposure to the risks of ionizing radiation. Exposure to radiation can cause long-term harm, e.g. cancer

(c) Ms. Melynda Swindells gave the following Compliance update:

- Mail distribution to the Wright building has increased, receiving Monday, Wednesday and Friday
- Compliance staff working remotely; however, paperwork is being kept up to date
- Alesia Hester resigned from OEMS on October 30, 2020
- Jessica Myers joined the Compliance team on Monday, November 2, 2020
- Next Disciplinary Committee meeting is scheduled for Tuesday, November 17, 2020 and will be held virtually
- There is an information sheet posted on our website and an application is currently being created for the new law N.C.G.S. 93B-1511 which goes into effect on December 1, 2020

(d) Mr. Todd Messer and Ms. Melynda Swindells gave the following presentation on the new Military Equivalency program for EMS:

- Effective 12/1/2020 NCGS 93B-15.1 Military Training Equivalency for credentialing
- Applies to military personnel and spouses
- Allows for credentialing to be awarded for military occupational specialty and completed training at a level equivalent to or exceeding NC EMS credentialing requirements
- This evaluation process will be separate from the present legal recognition process
- All applications should be directed to Jessica Myers at OEMS
- Incomplete applications will be returned
- Information can be found on the OEMS website
- See following power point presentation for additional information

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES
MILITARY TRAINING EQUIVALENCY FOR CREDENTIALING

PRESENTED BY

MELYNDA SWINDELLS, NCOEMS COMPLIANCE MANAGER

TODD MESSER, NCOEMS EDUCATION MANAGER

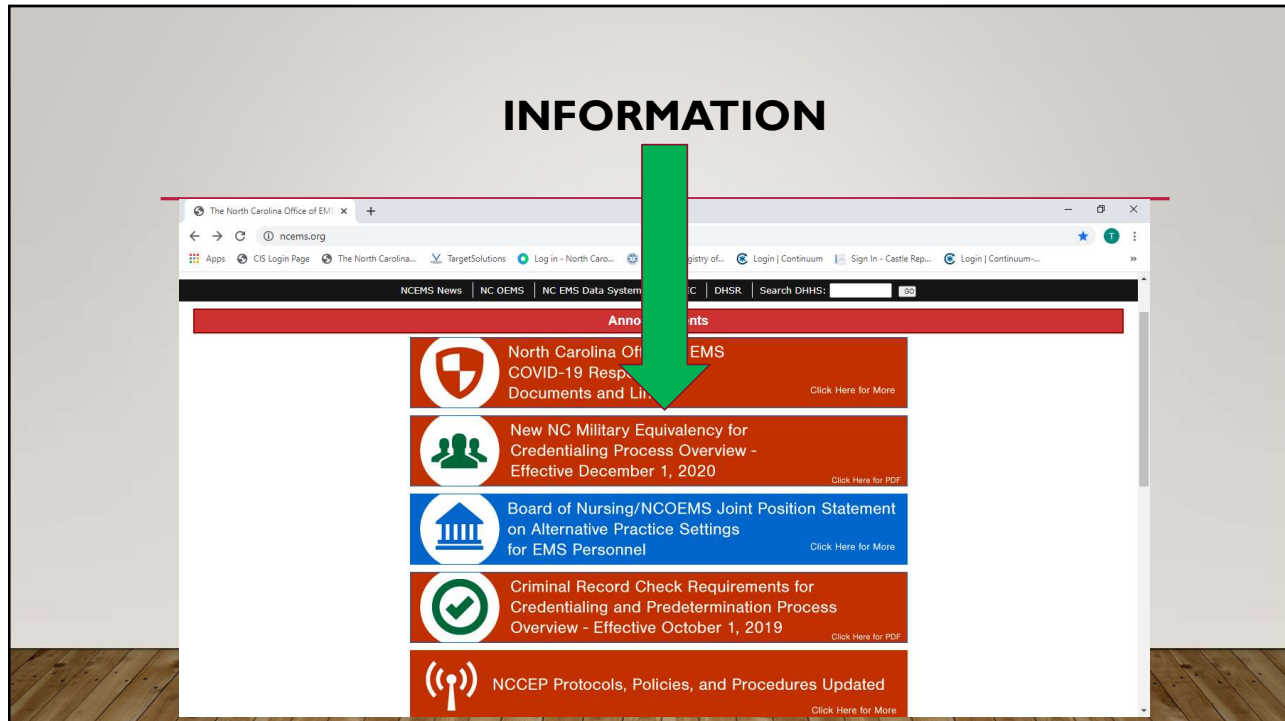
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N.C.G.S. § 93B-15.1.

-
- Effective 12-1-20
 - Applies to military personnel (past or present) and military spouses
 - Allows credentialing to those individuals awarded a military occupational specialty and completed training at a level substantially equivalent to or exceeding the requirements for a NC EMS credential

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INFORMATION



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EVALUATION PROCESS

- Joint effort between the Credential/Compliance and Education Units
- The Education Unit will evaluate the transcripts to determine if the education meets the NC education standards for an equivalency.
- The Credential/Compliance Unit will evaluate the application and handle all other items, including issuance of a credential if an individual qualifies.
- All incomplete applications will be returned without being processed.

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REQUIREMENTS FOR EQUIVALENCY

Requirement #1

Completed a military EMS program of training, completed testing or equivalent training and experience, and performed in the occupational specialty.

- This means a medical related field (see next slides)
- It doesn't mean anyone in the military is eligible for this credential by means of just being in the military or have been in the military (ie being an engineer)

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ELIGIBLE MILITARY MOS **ARMY**

- **Combat Medic Specialist (68W)**
 - May be issued EMT
 - May be issued AEMT with supporting education transcripts
 - Required to test for AEMT without supporting education transcripts
- **Special Forces Medical Sergeant (18D)**
 - May be issued EMT
 - May be issued AEMT with supporting education transcripts
 - Required to test for AEMT without supporting education transcripts
- **Special Operations Combat Medic (SOCM)**
 - May be issued Paramedic with supporting education transcripts
 - Required to test Paramedic without supporting education transcripts

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ELIGIBLE MILITARY MOS NAVY

- **Hospital Corpsman (HM)**
 - May be issued EMT with supporting education transcripts showing completion of EMT
 - Required to test for EMT without supporting education transcripts
- **Hospital Corpsman with Search and Rescue Medical Tech**
 - May be issued EMT
 - May be issued AEMT with supporting education transcripts
 - Required to test for AEMT without supporting education transcript
- **Hospital Corpsman with Search/Rescue Medical Tech and completion of Special Amphibious RECON Corpsman (SARC)**
 - May be issued Paramedic with supporting education transcripts
 - Required to test Paramedic without supporting education transcripts

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ELIGIBLE MILITARY MOS AIR FORCE

- **Combat Rescue Medic/Officer**
 - May be issued EMT
 - May be issued AEMT with supporting education transcripts
 - Required to test for AEMT without supporting education transcripts
- **Combat Rescue Medic/Officer with completion of Pararescue (PJ Course)**
 - May be issued AEMT
 - May be issued Paramedic with supporting education transcripts
 - Required to test Paramedic without supporting education transcripts

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ELIGIBLE MILITARY MOS COAST GUARD

- **Health Services Technician**
 - May be issued EMT with supporting education transcripts
 - Required to test EMT without supporting education transcripts
- **Health Services Technician with additional training and supporting education transcripts**
 - May be issued AEMT or Paramedic dependent on education
 - Required to test AEMT or Paramedic without supporting education transcripts

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REQUIREMENTS FOR EQUIVALENCY

Requirement #2

Have engaged in the active practice of EMS skills **for at least two of the five years preceding the date of the application.**

- All relevant experience, will be taken in to consideration
 - Paid
 - Volunteer

Requirement #3

Have not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in this State at the time the act was committed

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REQUIREMENTS FOR EQUIVALENCY

Requirement #4

Have no pending complaints

Requirement #5

Establish a P number and complete the military equivalency application

- Application will be a ReadyOp form with the ability to upload documents (currently under construction)
- Applicants should **NOT** apply through the legal rec process
 - This is a totally different process with different requirements.

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REQUIREMENTS FOR EQUIVALENCY

Requirement #6

- Not be a registered sex offender, either past or present
- Not have been convicted of a crime that would have required you to be listed on the sex offender registry if the registry had been in effect at the time you were convicted.
 - This is an automatic disqualifier to hold a NC EMS Credential per **N.C.G.S. § 131E-159(h)**

Requirement #7

Complete a NCOEMS fingerprint packet if you have not lived in NC for the past 60 months or if you have citation, warrant, summons, been arrested, charged, convicted of, pled guilty or no contest to, received a deferred sentence, no true bill or prayer for judgment for a misdemeanor or felony in this or any other state or nation (including the Armed Forces – domestic or abroad), or received a non-judicial punishment while serving in the Armed Forces.

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AN INDIVIDUAL IS REQUIRED TO:

1. Complete the N.C.G.S. § 93B-15.1 application for equivalency;
2. Provide official, notarized documentation, such as a U.S. Department of Defense Form 214 (DD-214), or similar substantiation, attesting to the applicant's military occupational specialty certification and experience;
3. Provide written proof of military training and/or experience to include any certificates, transcripts or other documents required by the NCOEMS Education Unit to verify that the submitted education/training is equivalent to current education standards for NC EMS professionals; and
4. Federal fingerprint check packet, if required. (Residency or criminal history)

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REQUIREMENT #3 MAY BE BYPASSED IF THEY:

- Successfully pass the NCOEMS State EMS exam; or
- Submit an active and valid National Registry of Emergency Medical Technicians or another state's credential.

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FEES

There are no fees imposed by the NCOEMS for the military equivalency application process.

There are two fees that are imposed by other agencies

- State Bureau of Investigation
 - (SBI) charges a **\$38.00** fee for the federal fingerprint check
- Scantron Assessment solutions
 - Scantron charges a **\$68.00** fee for taking the State exam

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BACKGROUND CHECK REQUIREMENT

Federal fingerprint checks completed at another time, for a different agency for different reasons (security clearance, etc.) are not accepted in lieu of the NCOEMS federal fingerprint check.

Having a security clearance does NOT exempt an individual from the criminal record check process.

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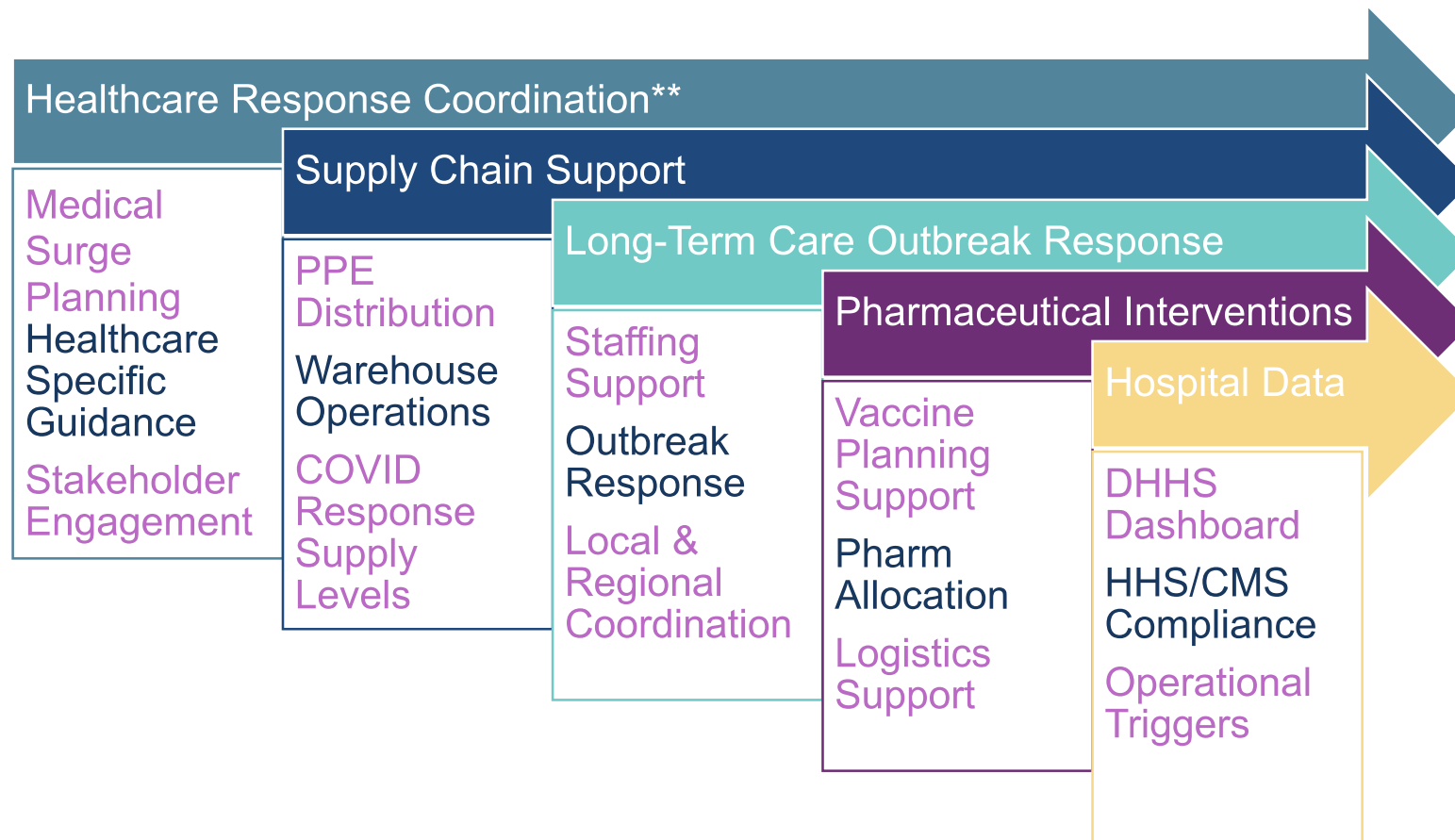
- (e) Mr. Todd Messer gave the following Education update:
- NC EMS Expo is slated to begin May 16-19, 2021 with the pre-conference beginning on May 14, 2021
 - The 2021 education guidelines have posted to the website. The first version of guidelines was posted in June of this year. Based on feedback from the education community, there were some slight modifications made
 - EMT, AEMT, Paramedic and A&P guidelines become effective January 1, 2021 with an implementation date no later than July 1, 2021; EMR will become effective July 1, 2021
 - Instructor workshops are still postponed; however, the requirement for renewals has been waived. For initial, if the individual has attended a workshop within the last 2 years, they will be asked to submit their application and supporting documentation for consideration
 - Once we can offer live workshops, we will post in Continuum and send a Continuum message
 - Clinical and field sites are gradually opening for students
 - We are still allowing institutions to utilize creative ways to meet the required clinical/field time
- (f) Ms. Kimberly Clement gave the following HPP update:
- HPP Contracts in place at level funding. Increased funding received for COVID response, the first round of funding is complete and the second round used for primarily statewide projects and pending regional projects
 - Staff updates include new employee Billy Langston, Training and Exercise Coordinator, and over 140 temporary employees who are working the COVID response
 - Roger Kiser is working on MDH upgrades using EMAC funds received from going to Florida during the hurricanes
 - HPP business office has done a phenomenal job of keeping up with all the contracts and budgets. Presently, there are five different funding streams; EMS for Children, 2 funding streams for COVID, Ebola funding that did not get closed out and the regular HPP funding
- (g) Ms. Kimberly Clement gave the following COVID 19 presentation:



NCOEMS COVID Response Update

November 10th 2020

OEMS COVID-19 Responsibilities



**Responsible for ESF8-Medical resource requests through State Emergency Response Team

Hospital Data

- **DHHS Dashboard**
- **HHS/CMS Compliance**
- **Operational Triggers**
- **Data Driven Response**

Pharmaceutical Interventions

- **Vaccine Planning Support**
- **Therapeutics Allocation and Distribution**
- **Logistics Support**

Long-Term Care Outbreak Support



Long-Term Care Staffing Plan (Initial)

1. Emergency Staff Hires

2. ECU Staffing Connection

3. TERMS Staffing Volunteers (SMRS)

4. Strike Teams (SMRS)

5. State Medical Assistance Teams

6. Patient Movement

Long-Term Care Staffing Plan (Current)

4. Strike Teams (SMRS)

6. Patient Movement

Strike Team Mission Requests

Row Labels	Number of Days Missions Requested	Average Number of Staff Requested Per Day
August	76	5
September	32	4
October	73	6
Grand Total	181	5

Row Labels	Total Missions Requested	Strike Team Missions
August	10	5
September	4	4
October	7	6
Grand Total	21	15

LTC STRIKE TEAM HOURS WORKED BY DAY

120

100

80

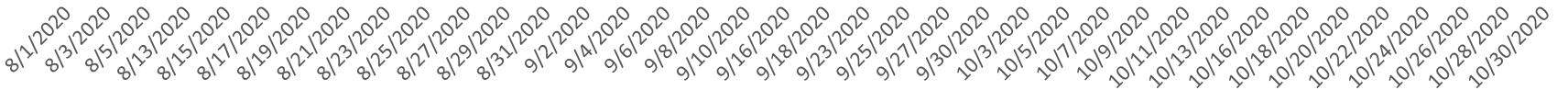
60

40

20

0

Status	Total Number
Total Onboarded	102
Deployed	23
Resigned	67
Full-Time	6



Supply Chain Support

- PPE Request Vetting
 - Healthcare
 - Critical Infrastructure (DMH)
- PPE Receiving
- IH Product Validation
- PPE Distribution
- **14 Temporary Staff**



Supply Chain Support



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Healthcare Facility PPE Requests

Reporting period: 8/1/2020 to 11/6/2020*
*Request data updated as of 00:00 at the start of 11/6/2020.



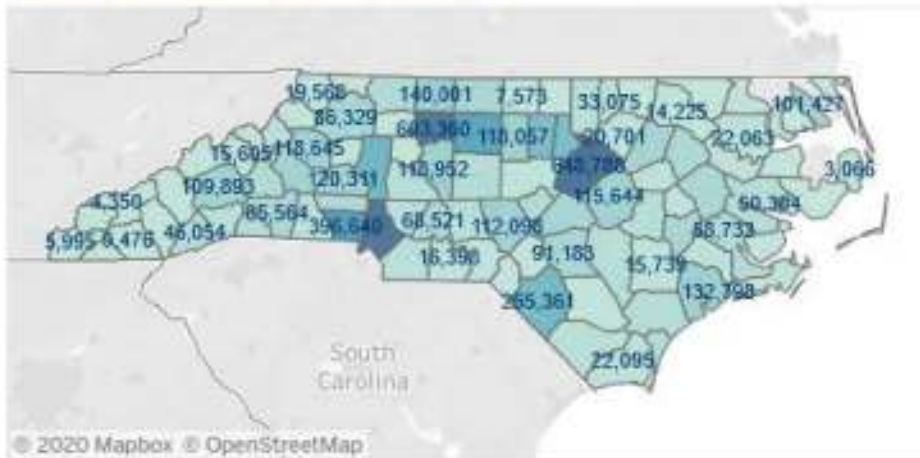
Select County: (All) | Select PPE Category: (All) | Select PPE Item: (All) | Start Date: 8/1/2020 | End Date: 11/6/2020

7,270,831
Total Quantity Requested

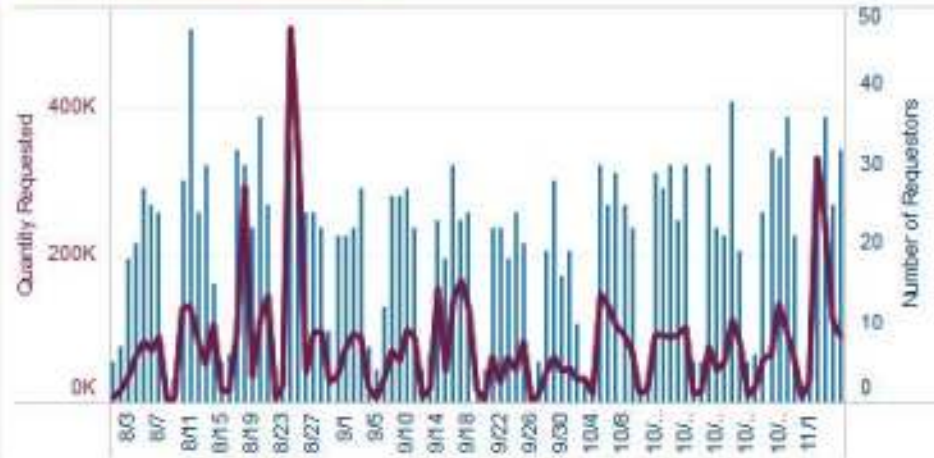
8,768
Total Items Requested

1,842
Total Number of Requestors

Quantity Requested by County | County: All



Requests Over Time | County: All



Supply Chain Support



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Non-Healthcare Facility PPE Requests

Reporting period: 8/1/2020 to 11/6/2020*

*Request data updated as of 00:00 at the start of 11/6/2020.



Select County	PPE Category	Select PPE Item	Start Date	End Date
(All)	(All)	(All)	8/1/2020	11/6/2020

9,286,566

Total Quantity Requested

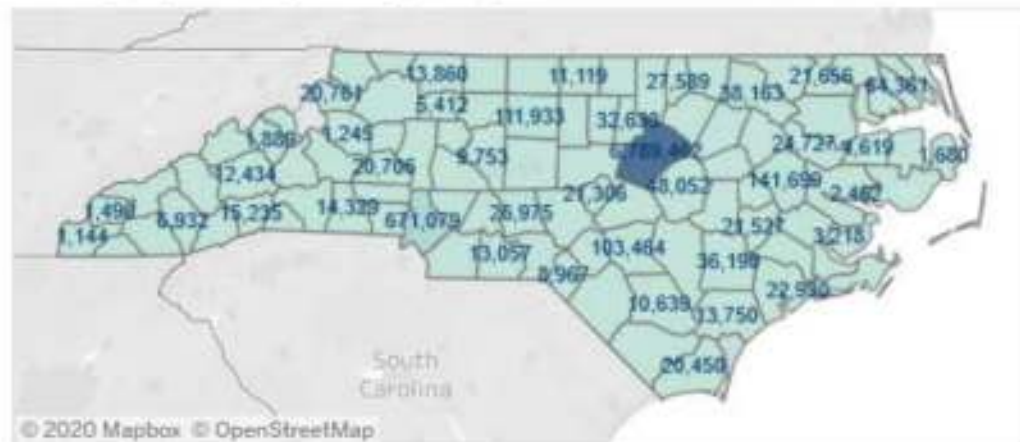
6,805

Total Items Requested

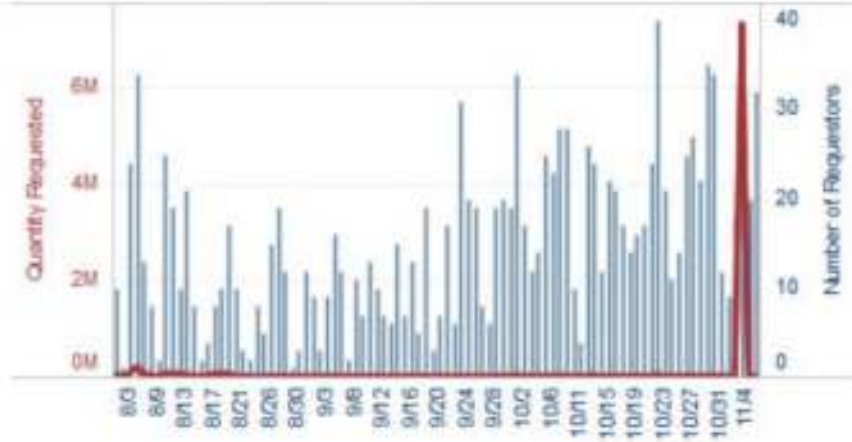
1,390

Total Number of Requestors

Quantity Requested by County | County: All



Requests Over Time | County: All



Healthcare Response Coordination

- Overall Healthcare Coordination
- Stakeholder Engagement
- Coordination Meetings

Maximizing Facility Capacity

- **Decrease/Stop Non-Urgent Procedures**
- **Increase Facility Bed Surge**
- **Increase Transfer Range**
- **Staffing Plan**
- **State Intervention**

Medical Surge Triggers

Phase	Phase Name	Regional Trigger	Statewide Trigger	Key Actions
Phase 1	Healthcare System operating at Conventional Capacity	Known local spread of highly infectious disease or newly emerged disease	Known regional spread of highly infectious disease or newly emerged disease	<ul style="list-style-type: none"> • Assess availability of assets & resources • Procurement of additional resources • Monitor metrics
Phase 2	Healthcare System operating at Contingency Capacity	≤7.5% Total Staffed Adult and/or Child ICU Capacity Available	Three or more regional triggers	<ul style="list-style-type: none"> • Increased monitoring of daily metrics • Regular cadence regional coordination call • Healthcare situation reports
		≤10% Total Staffed Inpatient Bed Capacity Available	≤30% Total Staffed Inpatient Bed Capacity Available	

Medical Surge Triggers

Phase	Phase Name	Regional Trigger	Statewide Trigger	Key Actions
Phase 2.5	Healthcare System operating at Contingency Capacity	≤5% Total Staffed Adult and/or Child ICU Capacity Available	≤15% Total Staffed Adult and/or Child ICU Capacity Available	<ul style="list-style-type: none"> Regular cadence statewide patient capacity coordination calls
		≤0% Total Staffed Inpatient Bed Capacity Available	≤10% Total Staffed Inpatient Bed Capacity Available	<ul style="list-style-type: none"> Mobilize State Coordinated Alternate Care Sites
Phase 3	Healthcare System operating at Crisis Capacity	Use of inpatient temporary space (using tents, mobile facility, or other alternate care space outside facility)	Use of inpatient temporary space (using tents, mobile facility, or other alternate care space outside facility) in two or more regions	<ul style="list-style-type: none"> Activate State Coordinated Alternate Care Sites Activation of statewide patient movement team Recommend suspension of non-urgent surgeries

Medical Surge Planning Scenarios

Phase	Tier 1 (Locally Coordinated)	Tier 2 (SERT Coordinated)
Phase 1	Surge within the Acute Care Hospital walls – exceeding licensed bed capacity (managed by hospital EOC) as requested through state/federal waivers	N/A – during this phase there is no anticipated SERT coordination of surge sites
Phase 2	Surge within existing Healthcare Structures (Ambulatory Surgical Center, Closed Hospitals etc.) - Managed by Healthcare System EOC with support from County EOC and SERT as necessary	Surge within existing Healthcare Structures (Closed Hospitals, etc.) - Coordinated by SERT / State Medical Response System (SMRS)
Phase 3	Medical Support Shelter / Field Hospitals - Managed by County EOC with support from County Leadership with support from State EOC	Medical Support Shelters / Field Hospitals – Coordinated by SERT / State Medical Response System with support from DOD / Federal Assets

- (h) Dr. Tripp Winslow gave the following Medical Director update:
- State Medical Board granted emergency scope of practice expansion to allow EMTs to administer vaccines
 - Counties have very good collaboration with Public Health in administering vaccines, collecting samples, contact tracing, etc. Agencies were encouraged to contact their County Public Health offices
 - NCCEP released a physician statement on the use of Ketamine and also some new NCCEP protocols have come out regarding Ketamine and COVID 19.

At the request of Dr. Winslow, Dr. Darrel Nelson gave the following update:

- July 2020, the American Association of Anesthesiologist issued a physician statement opposing the use of Ketamine for non-medical purposes and the use of law enforcement, specifically for restraint. OEMS reached out to the NCCEP EMS Committee about a joint position statement and that was crafted and approved by the Board of Directors for NCCEP and has been published. In the statement, OEMS and NCCEP say it is a safe and useful tool that is used for pain management, sedation, control of delirium or drug intoxication that should be used only as a medical procedure and not be directed by non-medical personnel
- This coincided with and update on behavioral protocols. Behavioral protocol has been broken into three separate protocols which emphasize the use of more words and less drugs, less restraints and use of verbal de-escalation techniques.
- A sedation guide was developed to give providers more specific objective scoring systems and correlate that with the needs for medication and restraints
- Updated the excited delirium syndrome protocol
- Policy updates on the termination of CPR. Policy listed specifically for Paramedics; it was updated to include AEMT and can be used at the Basic EMT level

- (i) Mr. Tom Mitchell gave the following agency update:
- Due to current trends in the pandemic, we are unable to meet face to face; hopefully, February things will be better allowing us to meet
 - At the February meeting, the Council will hold elections at which time a new Chairman will be selected
 - All offices presently have limited staff due to the pandemic. DHHS put plans in place that will not be effective to the New Year at which time we will work through
 - Data system bid was released on 10/2 and closed on 10/23. An evaluation Committee has been created to review the submissions. We expect a contract to be released by 1/15/2021. Current data system contract ends on 1/31/2021

Other Business:

Chief Tom Mitchell presented to the Council two additional recognition awards, besides the Dr. George Johnson, Jr award. The two additional awards would be presented in the name of Mr. Graham Pervier and Mr. Kent Spitler for their life-long service to Emergency Medical Services. The Graham Pervier award would be given to a recipient for their impact on the profession of Emergency Medical Services at a local or regional level. The Kent Spitler award would be given to a recipient for life-long service and achievement(s) in the Emergency Medical Services education field.

There being no further business, the meeting adjourned at 12:13 pm.

Minutes submitted by Susan Rogers