

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

February 14, 2023  
11:00 A.M.

Members Present

Kim Askew, MD  
Jim Albright  
William Atkinson, PhD  
Andrew Baird  
Todd Baker  
Robert Bednar  
Barry Britt  
David Garrison  
Kimberly McDonald, MD  
R. Darrell Nelson, MD  
John Grindstaff  
Jim Gusler

Brian Pearce  
Robert Poe  
Roberto Portela, MD  
Sarah Rivenbark  
Gail Shue  
Douglas Swanson, MD  
Pascal Udekwu, MD  
Jefferson Williams, MD

Members Absent

Viola Harris  
James Wyatt, III, MD  
Keven Staley

Staff Members Present

Tom Mitchell  
Susan Rogers  
David Ezzell  
Wally Ainsworth  
Todd Messer  
McKenzie Beamer  
Allen Johnson  
Heather Majernik

Justin Bowers  
Doug Calhoun  
Tonja Pool  
Dale Sutphin  
Melynda Swindells  
James Winslow, MD

Others Present

West Barefoot  
Candace Barker  
Amanda Barnette  
Stephen Barney  
Joe Bowman  
Alan Brook  
Steve Coffey  
David Cohen  
Bradley Cooper  
Andrew Davis  
Mike Dutton  
Joel Faircloth  
Shelby Ferry  
Elizabeth Freeman  
Craig Garner  
Carla Godwin  
Eric Hester  
Anneka Huegerich  
Anjni Joiner  
Randy Jones  
Chasidy Kearns  
Trey Labrecque

Karl Lynch  
Wayne Meredith, MD  
R.E. Merrill  
Don Morgan  
Jonathan Murphy  
Wesley Norwood  
Jena Owen  
Mark Quale  
K. Richard  
Paul Seamann  
Carlie Smith  
Eric Southern  
Scott Suggs  
Christine Turner  
Matt Wells  
Danny Wilner  
Scott Wilson  
Joyce Winstead  
Joe Zaller

(1) Purpose of the Meeting: The North Carolina EMS Advisory Council met virtually to hear reports/updates from Injury Committee, Compliance and Education, HealthCare Preparedness Program, Proposed Rules Revision, Medical Director report and agency activity report. The Council also held annual elections for Chair and Co-Chair, as well as voting on the EMS Advisory Council Awards to be presented at the EMS Expo conference.

(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. Albright, seconded by Dr. Udekwu, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the November 8, 2022 meeting be approved.

b) Motion was made by Dr. Portela, seconded by Mr. Grindstaff and unanimously approved that:

RESOLVED: Dr. Kim Askew be re-elected as Chairman of the North Carolina EMS Advisory Council

Explanation: Dr. Askew opened the floor for nominations for the office of Chairman. A motion was made to nominate Dr. Askew, and with no other names submitted, it was unanimously agreed that Dr. Askew would continue to Chair the Council. Dr. Askew thanked the Council for their confidence in him.

- c) Motion was made by Dr. Portela, seconded by Ms. Shue and unanimously approved that:

RESOLVED: Dr. Darrell Nelson be re-elected as Vice Chairman of the North Carolina EMS Advisory Council

Explanation: Dr. Askew opened the floor for nominations for the office of Vice Chairman of the EMS Advisory Council. No other names were submitted. Dr. Nelson thanked the council for the opportunity to serve.

- d) Motion was made by Dr. Atkinson, seconded by Mr. Albright, and unanimously approved, with one abstention, Robert Bednar, that:

RESOLVED: Novant Health Presbyterian Medical Center Level III designation be renewed for one year.

Explanation: Novant Health Presbyterian Medical Center was reviewed August 30 & 31, by an ACS survey team and NCOEMS staff for the consideration of a consultative state visit in preparation for a future designation visit as a Level II Trauma Center and consultative ACS visit in preparation for a future ACS verification visit as an Adult Level II Trauma Center. A consultative visit for a Level II verification covers all criteria for a Level III designation, request was made that the visit and report be used as a basis for Level III re- designation. Many strengths were noted; however, there was one deficiency. A Level III designation renewal for one year was granted until August 31, 2023 with the ability to extend designation for a period of 3 years through August 31, 2026, following the submission of documentation demonstrating the correction of the deficiency no later than, June 1, 2023..

- e) Motion was made by Dr. Nelson, seconded by Ms. Shue, and unanimously approved, with one abstention, Dr. Roberto Portela, that:

RESOLVED: CaroMont Regional Medical Center Level III designation be renewed for one year.

Explanation: CaroMont Regional Medical Center in Gastonia was reviewed on November 16, 2022, by a North Carolina survey team and NCOEMS staff for consideration of a Level III state designation renewal. Many strengths were noted; however, two deficiencies were identified. A Level III designation renewal for one year was granted until November 30, 2023 with the ability to extend

designation for a period of 3 years through November 2026, following the submission of documentation demonstrating the correction of the deficiencies no later than, June 1, 2023.

- f) Motion was made by John Grindstaff, seconded by Dr. Swanson, and unanimously approved, with one abstention by Ms. Shue, that:

RESOLVED: The Council accept the recommendations of the 2023 Advisory Council Awards Committee for the nominations of Mr. Darrin Zigler to receive the Graham Pervier Award and Mr. Mike Price to receive the Kent Spitler Award.

Explanation: In 2020, the Council elected to established awards named in honor of Graham Pervier and Kent Spitler. The Graham Pervier Award is in recognition of his long term dedication to Emergency Medical Services serving on the EMS Advisory Council for 41 years, and as Chairman of the Council for 14 years. The award, given in the name of the Council and OEMS staff, is given to individuals who have made outstanding and long-lasting contributions to the development and improvement of Emergency Medical Services in North Carolina. The Kent Spitler Award is given in recognition of his life-long service to Emergency Medical Services Education in North Carolina. The award is given to a recipient for life-long service and achievement(s) in Emergency Medical Services Education.

- g) Motion was made by Dr. Williams, seconded by Todd Baker, and unanimously approved that:

RESOLVED: Rule changes/updates be moved to the rule making process

Explanation: There are several proposed rule changes/updates that must go to the Medical Care Commission in August.

(3) Other Actions of the Council:

- (a) Dr. Askew welcomed guests to the Council meeting and announced to the guests and Council the following appointments and re-appointments:
- Dr. Robert Darrell Nelson, representing the NC College of Emergency Physicians, was reappointed. Dr. Nelson has been an active member of the Council since 2017. He currently serves as the co-chair for the NC College of Emergency Physicians and is board certified in EMS with the American Board of Emergency Medicine.
  - Dr. Kimberly McDonald, representing the NC Medical Society, was reappointed. Dr. McDonald is from Raleigh and has been an active member of the Council since 2019. She is a Public Health Physician for the NC Dept of Health & Human Services

- Mr. Brian Pearce, new appointment representing the North Carolina Hospital Association. Mr. Pearce is from Eastover and is the vice president of facilities/EMS at Cape Fear Valley Health Systems. He is an American College of Paramedic Executives Fellow and holds a masters in business administration with a concentration in Healthcare Management

Dr. Askew reappointed, without objection, Dr. James Wyatt as Chairman of the Injury Committee, and he reappointed, without objection, Mr. Robert Poe as Chairman of the Compliance and Education Committee

- (b) Ms. Heather Majernik reported the following Injury Committee update:
- Novant Health Presbyterian Medical Center was reviewed on August 30 & 31, by an ACS survey team and NCOEMS staff for the consideration of a consultative state visit in preparation for a future designation visit as a Level II Trauma Center and consultative ACS visit in preparation for a future ACS verification visit as an Adult Level II Trauma Center. Because a consultative visit for a Level II verification covers all criteria for a Level III designation, it was requested that the visit and report be used as a basis for Level III re- designation. There were several notable strengths. One deficiency was identified for a Level III re-designation, which was a failure to complete and document Universal Screening for alcohol use for 80% percent of injured patients who are admitted with a hospital stay of more than 24 hours. Recommendations are that Novant Health Presbyterian receive re-designation as a North Carolina Level III Trauma Center for a period of one year through August 31, 2023, with the ability to extend designation for a period of 3 years through August 31, 2026, following the submission of documentation demonstrating the correction of the mentioned deficiency no later than June 1, 2023.
  - CaroMont Regional Medical Center in Gastonia was reviewed on November 16, 2022, by a North Carolina survey team and NCOEMS staff for consideration of a Level III state designation renewal. There were several notable strengths. Two deficiencies were identified. One deficiency has been corrected and that is the criteria for graded activation must be clearly defined by the trauma center with the six required criteria listed in the ACS standards of Care for Minimum Criteria for Full Trauma Team activation. The only criteria not specifically written into their activation was the criteria for a confirmed blood pressure less than 90 mm Hg at any time in adults. The deficiency that still needs correction is for Universal screening for alcohol use performed in 80% of injured patients being documented and monitored for compliance. Recommendations are that CaroMont Regional Medical Center receive a designation renewal as a Level III trauma center for a period of one year through November 30, 2023, with the ability to extend designation for a period of 3 years through November 30, 2026, following the submission of documentation demonstrating the correction of the mentioned deficiency no later than June 1, 2023
  - ACS reports for the Duke and Wake Forest Baptist Medical Center site visits from November have been received. The reports will be presented at the next AC meeting. Womack Army Medical also had a site visit in

January and, provided the report is received in time, it will be presented at the next Advisory Council meeting also.

- (c) Dr. Wayne Meredith reported on the State Trauma Systems Plan update:
- The Task Force Executive Committee consists of Dr. Wayne Meredith, Tom Mitchell, Chuck Lewis, Heather Majernik, Dr. David Jacobs, Dr. Mike Thomason, Dr. James (Tripp) Winslow and Sharon Schiro
  - Nine subcommittees have been created and they are Chaired by:
    - ✓ Administration Governance & Funding Subcommittee-Dr. Bill Atkinson
    - ✓ Injury Prevention Subcommittee-Scott Proescholdbell
    - ✓ Pre-hospital Subcommittee-Brian Pearce
    - ✓ Non-Trauma Center Subcommittee-Eric Hawkins
    - ✓ RAC Subcommittee-Brian Simonson
    - ✓ Trauma Center Subcommittee-Dr. David Jacobs
    - ✓ Rehabilitation Subcommittee-Walt Davis
    - ✓ Performance Improvement Quality Research Data Subcommittee-Dr. Osi Udekwu
    - ✓ Emergency Management & Disaster Preparedness Subcommittee-Will Ray
  - There has been a meeting to solidify the vision of the work that each subcommittee must accomplish. Subcommittee Chairs and co-Chairs have been requested to create a small group of approximately 5 people who will work together to write the vision and create a large stakeholder group that will meet to work on the elements of what it takes to meet the list of visions that were given to each subcommittee. An example of an Injury Prevention vision would be:
    - ✓ Define the goals to structure to collect data from a broad coalition of stakeholders.
    - ✓ Coordination of prevention programs within the RAC and between the RACs.
    - ✓ Coordination of statewide local community health surveillance.
    - ✓ Identify data needs, work with the data and PI subcommittee.
    - ✓ Data that can be provided to the state on injury prevention work.
    - ✓ Establish priorities to further injury prevention efforts by the trauma systems.
    - ✓ Increase opportunities for collaborative injury and violence prevention and priority areas.
    - ✓ Implement a statewide injury and violence prevention initiative.
- Committee representation recommended for this are:
- ✓ North Carolina Public Health Injury and Violence Prevention branch
  - ✓ Epidemiologist
  - ✓ American Trauma Society
  - ✓ Trauma Center Injury Prevention programs
  - ✓ North Carolina FASTER program
  - ✓ Safe Kids
  - ✓ State Police
  - ✓ Judicial system

- ✓ Attorney General's office
  - ✓ Public schools
  - ✓ Community Advocacy
  - ✓ Citizen representation
  - ✓ Pre-hospital representation
  - ✓ Office of the Medical Examiner
- There have been several meetings with the Committee Chairs to help set the tone and vision and to answer their questions about what to write. One of the main questions they had was do they write an ideal trauma system would look like or do they write the next configuration of what the present trauma system needs to evolve to. They've been asked to write where we are now to that ideal trauma system and the steps needed to get there.
  - Action plan, or a strategic plan, for the current trauma system structure to evolve to an ideal trauma system state.
  - Upon completion of the work by the subcommittees, a group will be identified by the Executive Leadership and the subcommittee Chairs to rework all subcommittee documents into a single document with a single voice and vision.
  - Executive team will meet with the subcommittee Chairs once a month and the Executive Committee will meet every two weeks.
  - There is a liaison from the Executive Committee appointed to each subcommittee to help coordinate across the groups to add people where needed or adjust direction as needed for the best possible outcome.
  - Desire is to establish a more cohesive unit that can go to the Injury Prevention Community and let them know we are the Trauma System Task Force and do not feel the trauma system has properly served the Injury Prevention Community in North Carolina. We need to investigate with them what they need from us to be a better servant and a better partner in the injury prevention space and we can bring them resources
  - RACs are highly functional but variable in structure in terms of penetrance into their region in terms of improving trauma care, to their performance improvement programs. RAC Committee will be asked to create a structure that standardizes what a RAC is, to standardize their responsibility to the Office of EMS (OEMS) and what the oversight the OEMS is over the RACs and what is the accountability and consequences for not meeting the accountabilities.
  - To determine the responsibility of the non-trauma center to the trauma system in North Carolina.
  - Trauma Center subcommittee will work on details of the verification (designation) process and what the trauma centers' obligations are to the RACs and to the prevention community, the non-trauma centers and disaster emergency medicine.

(d) Ms. Melynda Swindells reported the following Compliance update:

- Timeframe for credentialing is 11/1/2022 through 1/31/2023, 1744 credentials were issued as follows: 368 EMD, 83 EMR, 973 EMT, 76 AEMT, 244 Paramedic
- Data shows waiting for applicants to submit fingerprint package accounts for the lag in issuance of credentials. Staff processes paperwork the same

day it is received. Other possible causes for delays are law enforcement appointment availability for non-criminal applicant printing, USPS delivery delays and mail service center delays due to heavy volume.

- Legal recognition:
  - ✓ 24 days for those requiring a federal fingerprint check
  - ✓ <1 day turnaround for those that do not require federal check
- Testing:
  - ✓ 23 days for those requiring a federal fingerprint check
  - ✓ Same day for those that do not require a federal check
- Military:
  - ✓ Averaging same day turnaround
- SBI
  - ✓ 4 days
- Disciplinary Committee meeting is scheduled for Tuesday, February 28. Top reasons for reviews between November 2022 through January 2023 was violent offenses 29% and DWI 20%. Patient care made up 11% of what was reviewed by the Disciplinary Committee. It was 2% for the time period of August – October 2022
- Special Agent Steve Smith of the NC SBI will be conducting a class titled “What you should do if you suspect or discover a drug diversion”. Agent Smith is an experienced agent who teaches the diversion course at the SBI academy. Class is scheduled for Thursday, March 9, 2023 at 2:30 pm in a 60 minute time slot. EMS administrators, training officers and senior staff are encouraged to attend.

(e) Mr. Todd Messer gave the following Education report:

- Currently, there are 34 fully CoAEMSP accredited institutions and 22 under letter of review. Several other institutions are in the progress of working on theirs.
- Program coordinator workshops will be held at the Winter EMS Administrators Symposium on Tuesday, March 7, 2023 (7 seats still available) and on Wednesday, March 8, 2023 (5 seats available). There will also be workshops held at the upcoming EMS Expo in Greensboro on Friday, April 28, 2023 (21 seats available) and on Saturday, April 29, 2023 (22 seats available).
- The 2022 EMS course results were as follows:

Level	Enrolled	Completed	Retention %
EMR	718	528	73.5%
EMT	5399	3773	70%
AEMT	478	344	72%
Paramedic	1140	733	64.3%

- Enrollment for 2022 was down less than 1% (.56%) and completion rates were up 2%
- Based on course completion, there were 4319 individuals who sat for the state exam. Data on individuals who complete a North Carolina course but sit for the National exam and then legal rec back into North Carolina are not included in these numbers. Those numbers can be found through the Compliance section of OEMS.



- Of the 4319 that tested, 3622 passed which was approximately 9% greater than in 2021. Cumulative pass rate for all exams was roughly 83.9%.
- Trend appears the number enrolling is decreasing but the number of passing is increasing.
- There are 216 current courses through May 31, 2023. They are:
  - ✓ EMR - 28
  - ✓ EMT - 123
  - ✓ AEMT - 18
  - ✓ Paramedic - 47
- To find out where courses are being held, log into ESO Continuum, go to “Courses”, click on advanced search, enter end date of 5/31, course type will be “initial”, then choose a level and system will populate a list of courses.

(f) Mr. David Ezzell gave the following HPP update:

- 2022 HPP year in review:
  - ✓ Total hours worked by HPP team was 33,920 staff hour which is equivalent to 17 full-time employees; however, there are only 10 full-time employees, and a couple of part-time.
  - ✓ Reporting started in July 2022 for the shift duty officer and there were 86 reports.
  - ✓ Total number of response hours worked was approximately 3344 (equivalent to approximately 8 hour 418 days).
  - ✓ WEBEOC resource requests – 31
  - ✓ Training and exercise courses completed – 14
  - ✓ Contracts managed - 12
  - ✓ Engagement visits completed - 48
  - ✓ PPE requests processed – 13, 000
- HPP Grant updates:
  - ✓ Level funding from ASPR; however, the result is a decreased operational budget due to rising costs.
- Staff Changes:
  - ✓ Brandy Osborne – Information Systems left on 1/31/23
  - ✓ Sequoya Boseman – Admin Support left on 2/1/23
  - ✓ AnnMarie Yow – Hospital Data Coord. Will be leaving on 3/17/23
  - ✓ Debra Gardner – Business Office will be leaving on 6/30/23
  - ✓ The Business Office Manager position is still vacant. Was listed three times but did not receive any applications. Will not be rehiring for this position.
- HPP staff has partnered with Emergency Management and Public Health for engagement visits. Basic idea is to come together and regroup to identify what each do on a normal day to day basis and determine the responsibilities of each in the event of a disaster and/or emergency. There will be eight visits across the state and the first visit was held in Greenville approximately 2 weeks ago. There were approximately 80 attendees representing approximately 55 agencies. All visits are from 9:00 am to 12:00 noon. Upcoming visits are scheduled for March 16 in Wilmington, April 13 in Raleigh, June 8 in Chapel Hill, June 22 in Durham, June 29 in Mocksville, July 13 in Waynesville and August 17 in Charlotte.

Registration can be accomplished by visiting <https://terms.ncem.gov/> exact locations may change but will be posted in TERMS when you register.

- Application for the EMS for Children grant has been completed and is pending award. There is a potential increase this grant cycle from \$140,000 to \$210,000. Last year, they purchased Carter Kits which are sensory/motor engagement kits for children with Autism Spectrum Disorder for EMS use.

(g) Mr. John Grindstaff reported on the EMS Advisory Council Award Recommendations:

- Awards Committee consisted of Chuck Lewis, Chair, Told Baker, Kevin Staley and John Grindstaff. There were no nominations received for the Dr. George Johnson, Jr. award but there were for the Graham Pervier and Kent Spintler award. Darrin Ziegler was nominated for the Graham Pervier Award and Mike Price was nominated for the Kent Spintler award.

(h) Mr. Wally Ainsworth presented the Proposed Rules Revision:

- Clerical or Outdated
  - .0101 Abbreviations
  - .0102 Definitions
  - .0216 Weapons and Explosives Forbidden
  - .0221 Patient Transportation Between Hospitals
  - .0401 Components of Medical Oversight for EMS Systems
  - .0402 Components of Medical Oversight for SCT ProgramsDeleted “MICN;” outdated Continuum references; definition of SCTP Con Ed Coordinator changed to Level I (2021).
- EMS Systems Requirements
  - .0207 Ground Ambulance: Vehicle and Equipment Requirements
  - .0217 Medical Ambulance/Evacuation Bus: Vehicle and Equipment Requirements
  - .0218 Pediatric Specialty Care Ground Ambulance: Vehicle and Equipment Requirements
  - .0224 Ground Ambulance Manufacturing StandardsDeleted “mounted” requirement for radios in rear of ground/bus ambulances; exempt two-way radio requirement for non-emergency ambulances that do not back up 911; added remount standards with time frame to meet compliance.
- Specialty Care Transport Programs
  - .0301 Specialty Care Transport Program CriteriaDeleted license renewal must coincide with program renewal.
- Medical Oversight
  - .0403 Responsibilities of the Medical Director for EMS Systems
  - .0404 Responsibilities of the Medical Directors for Specialty Care Transport Programs
  - .0407 Requirements for Emergency Medical Dispatch Priority Reference System
  - .0410 Components of Medical Oversight for Air Medical Programs

Changed “annual” review of protocol to reference NCCEP requirements for protocols (.0405 & .0406); moved hospital communications to .0201; added allowing delegation of medical direction to non-emergency agency with requirements; added due process wording to SCT MD; Added roster, compliance reporting to EMD; updated electronic submission information for Air Medical Programs.

- EMS Personnel
  - .0502 Initial Credentialing Requirements for EMR, EMT, AEMT, Paramedic, and EMD
  - .0503 Term of Credentials for EMR, EMT, AEMT, Paramedic, and EMD
  - .0512 Reinstatement of Lapsed EMS Credential

Added requirement for legal recognition applicants, courses completed through an OEMS approved institution shall complete written exam by OEMS; changed EMD CPR requirement to valid card; changed EMD credential to 2 years; Lapsed credential changed to less than or greater than 12 months; deleted initial course requirement for greater than 36/12 months; added APS information; specifies refresher course at level of renewal.

- EMS Educational Institutions and Programs
  - .0601 Continuing Education EMS Educational Program Requirements
  - .0602 Basic and Advanced EMS Educational Institution Requirements

Added newly appointed program coordinator requirement for OEMS Program Coordinator Workshop; added advisory committee requirement; added requirement to notify OEMS within 10 business days of changes to program coordinator or medical advisor.

- Trauma System Standards and Approval
  - .0904 Initial Designation Process
  - .0905 Renewal Designation Process

Added “or changing level of designation;” removed “six month time frame” for notification site visit to visit removed; reference to “in state team;” team member descriptions changed; removed “out of state” references for team members in renewal.

- Denial, Suspension, Amendment, or Revocation
  - .1505 EMS Educational Institutions

Added institutions failing to meet initial requirements shall not reapply for two years.

- .1507 EMS Personnel Credentials

Reworded harassment to be broader; added “failure to comply with educational standards; added time frame for reporting violations.

- These rule changes will become effective on 4/1/2024; with the exception of the remount standards. An extension was made until 7/1/2025 for the remount standards to give agencies time to address this in their budget.

- (i) Dr. Tripp Winslow gave the following Medical Director update:
- Continuing to work through the systems submitting their modifications or changes to the October 2022 NCCEP document update.
  - The Medication Assisted Treatment program is being utilized by more counties. There are three active counties/agencies with approximately eight more preparing to come online. Counties are encouraged to join this program. French data showed that there was a 79% drop in deaths from opioid overdose in France when using suboxone.
  - The DEA x waiver is gone; more info will be forthcoming. Basically, this is making it easier for physicians to write prescriptions for suboxone.
  - Working with the NC Medical Board to increase the practice for EMTs and AEMTs to give systems more flexibility.
- (j) Mr. Tom Mitchell gave the following agency update:
- The EMS Administrators Symposium will be held March 8-10, 2023 in Wilmington. EMS Administrators that are not part of that group are encouraged to join as they promote advocacy, leadership and offer regular updates on issues within the EMS Communities
  - EMS Expo '23 is scheduled to be held on April 28-May 3, 2023. There will be national and local speakers. Keynote speakers will be:
    - ✓ Ken Bouvier – School Shootings
    - ✓ Rob Lawrence – Challenges facing EMS both internal and external
    - ✓ Matt Streger – Attorney, speaking on high profile cases involving EMS
    - ✓ Mike Taigman – Stress Management in EMS
    - ✓ Ed Racht – speaking on different decisions effecting outcome in EMS
- The vendor hall is full. The Paramedic Competition will be held on Sunday beginning at noon. Winners of the competition, as well as the Graham Pervier and Kent Spitler awards, will be presented on Tuesday evening at the banquet.
- This Expo will celebrate the 50<sup>th</sup> Anniversary of the Office of Emergency Medical Services. The office was created by the General Assembly in 1973.
  - Preliminary Paramedic Competition will be held at five Community Colleges across the state on March 3, 2023.
  - Staff member Rob Glover, of the Eastern Regional Office, will be retiring on February 28, 2023. Rob brought much to the office, leading the creation, implementation and teaching of the Chief 101 course for a number of years. He was a Compliance Specialist and worked many complex cases with the Compliance staff, Case Review Panel and EMS Disciplinary Committee. There will be a reception in Kinston on February 27, 2023 from 10:00 am to 2:00 pm.
  - Robbie Amerson has laterally transferred from Education to the Compliance role that Rob Glover vacated. The office will be conducting interviews to fill the Education position.
  - NC General Statute 131E-158 waiver remains in place for agencies that request it. Currently, it is tied to the Federal Public Health Emergency, which is set to sunset around May 11, 2023. General Statute changed to

allow flexibilities without a SOE having to be in place. The change to Statute allowed the following to be inserted: "...in the event of a declaration of a public health emergency by the Secretary of the US DHHS, or a determination by the NC Office of EMS of the existence of an emergency that poses a risk to the health or safety of patient, NC Office of EMS may temporarily waive the requirements of this section and allow ambulances to transport patients with a minimum of the following:" Criteria is being prepared that proposes continuance of the use of the waiver after the federal public health emergency ends. The proposal will not be statewide, it will likely be agency specific. Each agency must meet a set of criteria. This will likely be a temporary waiver with an expiration, and then will be re-evaluated based on the criteria. Updates will hopefully be provided at the upcoming EMS Administrators Symposium upon approval by the Department. Agencies may reach out to staff with any questions or for assistance.

- From a national perspective, it appears the Ambulance Chassis shortage issue may be improving. However, the ambulance manufacturers are still experiencing staffing issues and unable to get some parts within a timely manner which is still causing significant delays in delivering trucks to EMS agencies.
- The NC SBI is changing to Odyssey for background checks. The initial transition began on 2/13/2023 and they will be switching five counties at a time. The switch has started with four counties in the Johnston/Wake area and OEMS is working with their provider to insure continued background checks without disruptions. The transition is expected to take approximately two years for all one hundred counties.
- There has been conversation with regards future Advisory Council meetings and the format of the meetings. An Advisory Council survey held revealed a majority favoring of maintaining the virtual meeting. There are tentative plans for an in-person meeting to be held in conjunction with EMS Expo. The meeting would be hybrid allowing for council members who are not able to attend Expo have the ability to access the meeting. Additional information will be forthcoming.

There being no further business, the meeting adjourned at 12:09 pm.

Minutes submitted by Susan Rogers