

**EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL**  
**June 11, 2003**

**Members/Alternates Present:** Ms. Barbara Aras, Mr. Richard Bailey, Mr. Jesus Cepero, Ms. Terry Clancy, Mr. James Davidson, Mr. Robert Dinetz, Mr. Ron Czajkowski, Mr. David Gruber, Ms. Karen Halupke, Mr. Robert Hansson, Dr. Ernest Leva, Dr. Steven Marcus, Mr. Mickey McCabe, Ms. Debbie Murante, Dr. James Pruden, Mr. Craig Reiner, Mr. Bob Resetar, Mr. Tom Starr, Mr. Fred Steinkopf, Ms. Sue VanOrden, Dr. Jennifer Waxler

**Members/Alternates Absent:** Dr. David Livingston, Mr. Donald Murray, Senator Palaia, Mr. Roberto Rodriguez, Ms. Deborah Timpson

**OEMS Staff Present:** Mr. William Duffy, Ms. Nancy Kelly-Goodstein, Mr. Charles McSweeney, Mr. Samuel Stewart, Ms. Linda Taglairino

Dr. Pruden called the meeting to order at 10:15 a.m.  
Minutes from the March 12, 2003 meeting were approved.

Center of BioDefense

Dr. Pruden introduced Brendan McCluskey from the Center of BioDefense from UMDNJ. He represented the NJ Domestic Security Preparedness Planning Group. The planning group sets a comprehensive and all inclusive state strategy, for domestic preparedness in the State. The Center of BioDefense is working on a project with the Office of Counter Terrorism to distribute infra-structure advisory bulletins throughout the State. These bulletins need to go to emergency medical services (EMS) organizations, providers, and agencies throughout the state. This presentation is to solicit help from the Council to come up with strategy to distribute this information to all EMS agencies throughout the state. The current plan is to use the MICU communication centers to distribute this information, much of which is time sensitive. Mr. McCluskey is requesting that the EMS Council form a committee with representatives of various stakeholders to move this information quickly.

Discussion: The New Jersey State First Aid Council (NJSFAC) already has an extensive network for distribution of such items, and would recommend that there be one contact point for all Council squads. The EMS Council has a Communication Committee, and would suggest that the Chair of the Communication Committee develop an ad hoc group that will include NJSFAC to develop a rapid communication system that would enable the Center of BioDefense to interface with one system, getting the information out to as many people and disciplines as represented on this Council. Mr. Robert Resetar (chair – Communication Committee) stated that this issue was discussed at their communications meeting, and had agreed that they could be one of the points of contact to the local agencies. The Division of Fire Safety routinely emails and faxes information to every fire department in the state. The Office of Emergency Management (OEM) Coordinators meet regularly. Each county has an EMS coordinator who should be encouraged to take a more active role. Dr. Pruden requested that Mr. McCluskey work with Mr. Resetar on this initiative.

### Introductions

Dr. Pruden introduced Mr. David Gruber, Executive Director, Office of Emergency Preparedness and Response, Department of Health and Senior Services. Mr. Gruber stated his office will be the lead agency ensuring the coordination of public health, health care delivery systems and emergency management.

### **BASIC LIFE SUPPORT COMMITTEE**

Mr. Steinkopf stated they have not had a meeting.

### **BYLAWS**

No report.

### **EMS COMMUNICATIONS COMMITTEE**

Mr. Resetar related the topics discussed at last week's meeting.

- Guide-cards need to be updated. Modified CPR cards have been sent to the Office of Emergency Telecommunications. A new guide-card committee was formed. The group was asked to keep in mind the cancellation rate of 40-50% of calls with ALS.
- Updating the JEMS plan. Discussed equipment to be carried onboard ambulances or paramedic units.

Motion to accept. Seconded.

Discussion: Asked several agencies from across the state for assistance in updating the guide-cards. The sense is that the guide-cards are not being used efficiently or not at all. Mr. John Strauss (Hunterdon County Communications) will head up this committee.

All in favor.

## **EMT TRAINING FUND**

Ms. Deborah Murante stated that no new information has been forwarded to the EMT Training Fund Council regarding the removal of monies from the fund. The membership of the NJSFAC is conducting an extensive letter writing campaign regarding removing money from the training fund. It is expected that this issue will be an agenda item for next meeting (June 25<sup>th</sup>), along with recruitment and retention initiatives. Mr. Steinkopf stated that the NJSFAC is going to resubmit their education proposals for approval.

## **NJPIES**

The call volume for the first quarter of 2003 was 19,123 for NJPIES. The call volume seems to be rising again after some fall off over the past few years. NJPIES continues to have occasional telephone-related problems because of the interactions of AT&T and Verizon. Soon NJPIES will have a fully equipped disaster-recovery area with redundant telephone service if a catastrophic failure should occur, allowing for the provision of uninterrupted service.

NJPIES has recently added the services of a medical epidemiologist to help look at poisoning trends in the state. Some interesting trends have already been identified related to ethnic populations. Over the past five years, the only apparent increase in call volume has occurred in the 6-12 year old age group. This will be studied further.

Additionally, NJPIES added the services of a marketing and fund raising person. NJPIES hopes to partner with pharmaceutical manufacturers in an attempt to educate physicians' offices about their services.

NJPIES has outgrown the space provided by UMDNJ and are actively seeking potential sites for relocation, staying part of UMDNJ. The relocation plan will be an orderly move from one site to another, with no down-time, utilizing the disaster recovery area as a temporary home while equipment and manpower are moved to a new location.

Educators continue to provide multiple educational programs throughout the state. NJPIES is always looking to partner with other community-based organizations.

Motion to Accept. Seconded.

Discussion: For most under five-year olds, the poisoning is unintentional. The 6-12 age group appears to be exposed to the same type of substances and those in the under age 5 group. There is always the possibility of erroneous data. NJPIES is working with Lincoln Technologies to coordinate an alert system for exposures with other state agencies. If a major disaster occurs, AT&T and Verizon need to coordinate, sending all calls to another poison center.

All in favor.

## **MICU ADVISORY COUNCIL**

Dr. Jennifer Waxler reported that the regulations were published on May 19. Comments will be accepted until July 18. MICU future planning committee discussed the EpiPen protocol. Dr. Elliot Justin wrote a protocol as did the EMSC program. Both the protocol and the training program will need to be published in regulation. The Council endorsed the use of the laryngeal mask airway (LMA) by basic life support (BLS) providers for adult patients in cardiac arrest. The 2003 awards banquet had a great turnout. Inter-nasal Narcan was approved as a route of administration to reducing needle sticks. The JemSTAR aero-medical response program is fiscally in trouble, so the Council will be forwarding a letter to the Commissioner, supporting an increase of the surcharge on motor vehicle registration from \$1 to \$3. The Council has a new chair, Dr. Waxler, and Dr. Larry DesRochers (Community Medical Center) is the Vice Chair.

Motion to accept. Seconded.

Discussion: Dr. Marcus commented that NJPIES get a tremendous amount of calls about accidental injections with the EpiPen. When setting up training for the EMT, please be sure to explain the proper procedure to take the auto-injector out of the package. If someone is accidentally stuck, no specific treatment is required, as the effects will go away on their own. Dr. Ernest Leva (NJ EMSC Program) proposed that the MICU Advisory Council should consider allowing EMTs to carry and administer Albuterol. Dr. Waxler stated that the MICU Council does not have direct jurisdiction over basic life support skills, but would bring his suggestion to the Council.

All in favor.

## **NJOEM**

A great deal of activity has been focusing on Emergency Management and biological, chemical, and radiological terrorism. The HAZMAT training program has been strengthened and updated, having successfully trained over 300,000 people in the past 15 years. Over 30,000 were trained last year alone. An increased number of hospitals are now prepared to decontaminate patients, having both the training and the equipment. The EMS Operations course has been updated. Train-the-trainer courses

for Weapons of Mass Destruction (WMD) Awareness, Operations, HAZMAT Awareness and EMS Operations will be offered at the October NJSFAC convention. Additionally, WMD will be added to the Advanced HAZMAT course. Training is available at no cost. Work has begun on the Community Emergency Response Program (CERP), which is basic training for citizen groups. NJSP will be participating in an exercise program in conjunction with the Division of Fire Safety and the National Guard, in addition to working with counties and municipalities on disaster drills.

Motion to accept. Seconded.

Discussion: Dr. Leva stated he attended one of the courses on HAZMAT and WMD course and thought it was excellent. However, there were inaccuracies with the treatment of pediatric patients. As programs are revised, more specific details need to be included for pediatric patients. Most of the materials available on this and related topics are from Department of Defense. Dr. Leva requested that the EMS for Children (EMSC) Council be more involved with courses content revisions. Dr. Pruden suggested that EMSC develop bullet points for pediatrics that could be incorporated into a wide variety of programs. Dr. Pruden stressed this is an example of an opportunity to network with each other.

All in favor.

## **NJSFAC**

Mr. Steinkopf stated that representatives from the NJSFAC had a meeting with Dr. Lacy, Commissioner, Department of Health and Senior Services. One of the items discussed was the proposed removal of \$5-million from the EMT Training Fund. A follow-up meeting will be scheduled to discuss recruitment and retention. The LMA initiative is finally coming to fruition, and will be an optional skill for the EMT. The EpiPen was legislation intercepted, and an attempt was made to have it be protocol driven rather than regulation driven. Since last December, NJSFAC has been researching First Responders to EMT crossover programs. The Nebraska 70-hour program may be the model recommended. Funding for recruitment and retention initiatives remains an issue. To date, there has been \$0 spent on recruitment and retention. In the past 12 months, there were approximately 500,000 requests for BLS in New Jersey and zero WMD calls, suggesting the need to remain focused on the basics. If \$8.8-million comes to the state from the federal government to be divided between police, fire & EMS, at least 1/3 should go to EMS. EMS needs to have parity with the money. The NJSFAC Convention is October 16 through 19, and will be education heavy. The Convention will be kicking off their 75<sup>th</sup> anniversary. The NJSFAC scheduled a Mass Casualty Incident management CEU class as an experiment. 116 people pre-registered, 11 of which paid a fee because they were not volunteers. Only 60 people showed up. All of the people that paid showed up, but yet 50 of the volunteers did not show up. This suggests a need to explore the requirement of a

deposit for classes. This issue will be discussed further at the EMT Training Fund Council.

Motion to accept. Seconded.

Discussion: Mr. Robert Dinetz stated that the EMT Training Fund Act states that volunteers that attend a program may not be charged a fee if the fund is reimbursing the course. A deposit was interpreted as a fee.

All in favor.

## **EMSC**

Dr. Leva reported the 4<sup>th</sup> annual conference was a success. Educationally, it was excellent. Congratulations to the EMSC program staff. There were two tracks to the conference, one focusing on children with special needs and a general track. EMSC Council formulated their recommendations for the EpiPen administration and educational components as they related to pediatric patients. EMSC is in the process of creating recommendations for minimum standards for emergency medical equipment in schools. July 22 is the next EMSC Advisory Council meeting at the NJHA from 10 a.m. to 12 p.m. Ms. Kelly-Goodstein stated there were 670 attendees at the 2002 mass casualty incident management training session for school nurses. There was disinterest in the EMS and OEM components, citing that school administration doesn't include the school nurse in the disaster preparedness process. A two-hour disaster preparedness training program was developed for child care centers. There are over 9000 child care centers registered with the Department of Human Services. Each county has a child care nurse consultant, who was invited to a train-the-trainer program for the two-hour disaster preparedness program, hoping to utilize these nurses to conduct the child care center program on the local level.

Motion to accept. Seconded.

Discussion: The standing orders and recommended radio failure protocols were forwarded to MICU Advisory Council. There appears to be a major need for prehospital triage and general preparedness at the school levels. Ms. Kelly-Goodstein is the liaison for an inter-department committee, comprised of the Departments of Health and Senior Services, Human Services and Education. EMSC should keep the NJSFAC in mind with train-the-trainer programs. The New Jersey State School Nurses Association was informed that a registered nurse could take a Core 13, and upon successful completion of the National Registry exam become EMT-B. In many schools, the responsibility for first aid is delegated to physical education teachers and athletic directors. Dr. Pruden stated we need to coordinate activities, when planning a drill, look to schools and hospitals. There is much potential for the duplication of efforts. The JumpSTART (pediatric triage) program will be offered at the NJSFAC Convention. The question was asked about requiring AEDs in schools, and the use of the device for children under

eight years of age and/or under 80 pounds. With the availability of pediatric pads and/or cables, it is anticipated that the American Heart Association will be releasing revised guidelines on AED use and children between the ages of one and eight within the next several weeks. Accordingly, an article on the revised guidelines will be included in the upcoming EMSC newsletter.

All in favor.

## **LEGISLATIVE**

Mr. Howard Meyer stated there are over 150 bills before the legislature. Bills that don't pass will be automatically reintroduced at the beginning of the new legislative year.

The Glucagon bills have been combined into one, covering administration to students in schools and allowing EMTs to both carry and administer the medication. The bill sponsors are Weinberg and Vandervalk. There are three bills pending to require AEDs in all schools. These bills may not be approved because expenditures by the school system come under the state-mandate-state-pay and a funding mechanism is included with the bills.

Motion to accept. Seconded.

Discussion: Out of 152 bills, four went to the governor and two had to do with EMS. The NJSFAC and the NJ Chapter of the American Academy of Pediatrics have expressed being opposed to the Glucagon bill, as the bills do not address education and medical oversight.

All in favor.

Concern was raised that there is no legislative representation at the EMS Council meetings.

A motion was made that the EMS Council recommend to the Commissioner that a representative (aide) appointed by both the Senate Health and Assembly Health Committees be encouraged to attend the Council meeting, with the support of both House and Senate leadership.

Discussion: Mr. Gruber recommended that asking the Commissioner to request legislative representatives may not be appropriate. It was suggested that the Council ask for the representative.

All in favor. One abstention. Motion carries.

## **FINANCIAL OPERATIONS AND SYSTEM FINANCE**

The most recent federal grant money for preparedness and response includes EMS. The first component is going to be allocated county by county through the OEM coordinators. Category one will be calculated by determining the number of duty vehicles available for service. Category two will take into account personnel, and emergency escape hoods will be supplied to responders, two for municipal/commercial EMS and four for volunteer EMS vehicles. The county EMS coordinators would work with county OEM coordinators to establish these numbers. The next award, due in July, is still being developed. It would be helpful if the money could be spent on training initiatives. The CERT training is designed to offer basic first aid, basic fire fighting and traffic control skills to a network of individuals within the community.

Motion to accept. Seconded.

Discussion: There will be \$37-million in grant money in July of 2003. New Jersey's money is distributed on a hazard-basis, not by discipline. Future monies (about \$14-million) will be directed towards equipment, training, planning and exercises. It was suggested that when representatives go to these meetings, they suggest that while EMS did not get a third of available monies, we also don't have access to the millions of dollars coming down through fire services, since we are not fire-based EMS. Across the country, fire-based EMS is getting a lot of money.

All in favor.

## **PROFESSIONAL EDUCATION**

Mr. Dinetz reported that the Department is working with Mr. Steinkopf and the NJSFAC to try to help them secure funding for the educational programs scheduled for their upcoming convention. The Nebraska 1<sup>st</sup> Responder to EMT bridge program will be discussed in detail at a future meeting. Mr. Michael Pánte from Robert Wood Johnson University Hospital EMS has been very active with the geriatric EMS program, as a member of the steering committee with Jones and Bartlett publishing company. It is a nine-hour program for the EMT-Bs and a 12-hour program for the advanced life support providers. There will be future opportunities to train additional instructors.

Motion to accept. Seconded.

Discussion: None

All in favor.

## **CAREER FIRE**

No report.

## **TRAUMA CENTER**

No report.

## **PUBLIC EDUCATION**

No report.

## **BLUE RIBBON PANEL**

The Blue Ribbon Panel has been able to come up with several consensus statements. Including:

- The nearest ALS unit should be dispatched to an ALS call;
- The state should seek to enforce existing regulations governing emergency medical dispatch, and the utilization of pre-arrival instructions;
- Response times – ALS in urban/suburban areas  $\leq$  10 minutes (90% of the time);
- Response times - ALS in rural areas  $\leq$  15 minutes (90% of the time);
- Response times for BLS in each respective areas double that of ALS;
- Most of the ALS patients can be managed by protocols rather than on-line medical command.

The goal is to get an ambulance to the patient in a timely and efficient fashion.

Motion to accept. Seconded.

Discussion: None

All in favor.

## **EMS**

Dr. Stu Weiss was reintroduced to the members present as a medical advisor for the Department of Health and Senior Services.

Ms. Karen Halupke reported the EMS Awards Dinner was extremely successful. Over 100 individuals were nominated, with awards given in 17 categories. Over 300 people attended the awards dinner. The regulations were published on May 19, 2003 and have a 60-day comment period. When published for adoption, the Department will also include the response to every comment received. Ms. Kelly-Goodstein and Ms. Halupke attended the Mid-Atlantic EMS for Children conference, and brought back a lot of good information. Ms. Halupke will be attending the Mid-Year State EMS Directors Meeting as well as the National EMSC Grantees Meeting. Mr. Victor Carter has been reassigned to another position within the Department, and will be working as a regional

coordinator with the bioterrorism program. Mr. Chuck McSweeney will be coordinating all BLS and ALS licensure and monitoring activities with OEMS. There is a new field office at Quakerbridge Road, Hamilton, for ambulance and mobility assistance vehicle inspections. New vehicles and resurveys will be conducted at the field office. OEMS will be looking for an Essex County location to inspect vehicles in the northern part of the state.

Motion to accept. Seconded.

Discussion: Annual reinspections will be conducted at the provider's site. Any major changes to the proposed regulations will be re-published as a proposal with an open public comment period. Minor changes or a reduction of the proposed requirements can be incorporated into the final adoption. The emergency department divert tracking software previously discussed is now in approval process, and it is expected to be operational by fall.

All in favor.

## **PRESENTATION**

Mr. Peter Slaton from the Department of Labor gave a presentation on the Public Employee Occupational Safety and Health Act (PEOSHA), and the consultation services offered to employers. PEOSHA deals strictly with public employees including volunteer EMS and fire agencies. Consultants will come out to your location and conduct a survey and assessment, similar to that conducted by an enforcement person, without fines, citations and orders to comply. This is a free program. If a serious violation is found it must be corrected. Additionally, there is a variety of free training programs available for private and public agencies. Please check their website for additional information ([www.nj.gov/labor/lse/lseosh.html](http://www.nj.gov/labor/lse/lseosh.html)). Contact Mr. Slaton with any questions.

## **OTHER BUSINESS**

Ms. Barbara Aras stated that one of the squads in the central area is organizing a welcome home party for the troops on August 16, 2003 at Fort Dix. The support of the EMS Council for this event would be appreciated. A flyer describing the event was distributed at the meeting. For additional information, please contact Mr. Gary Mauro at [GaryMauro@merck.com](mailto:GaryMauro@merck.com).

## **PUBLIC COMMENT**

Mr. Meyer discussed the monetary situation relating to the EMT Training Fund. A lot of the new initiatives coming up for funding through various areas are being funded by

taking money away from existing federal grants. Fire-based EMS services receive a great deal of funding. Congressman Pascrell pushed forth the fire grant act and left out independent EMS providers.

## **CLOSING**

Dr. Pruden thanked the Allentown First Aid Squad for their hospitality. Our next meeting is scheduled for Wednesday, September 10, 2003.

The meeting adjourned at 12:20 p.m.