

SHEBOYGAN COUNTY EMERGENCY MEDICAL SERVICE COUNCIL MINUTES

Sheboygan County Law Enforcement Center – Room 113
525 North 6th Street
Sheboygan, Wisconsin 53081

November 19, 2014

Called to Order: 6:02 PM

Adjourned: 6:50 PM

MEMBERS PRESENT

NAME:

Dr. Suzanne Martens
Steve Steinhardt
Tom Bahr
Denis Fellows
Darrel Kasuboski
Darryl Carlson
Stephen Cobb
Vernon Koch
Carson Wilkinson
Steven Zils
Chuck Butler
Craig Schicker
Allen Wrubbel
Robert Kulhanek
Julia Nash

REPRESENTING:

Sheboygan County Medical Society
Emergency Government
Member at Large/St. Nicholas
County Fire Chiefs
First Responders
City Government
Sheboygan Police Department
County Board
Industry
Sheboygan County Medical Society
Sheboygan Fire Department
Aurora Sheboygan Memorial Center
Village Government
Consumers Interested
Sheboygan County Sheriff's Department

MEMBERS ABSENT

NAME:

Gerry Isbell
Blaine Werner
Joel Urmanski
Dan Hein

REPRESENTING:

Private Ambulance Services
Random Lake Fire Dept/Rescue Services
County Bar Association
Town Government

ALSO PRESENT

NAME:

DiAnna Du Puis

REPRESENTING:

Sheboygan County Sheriff's Department

CALL TO ORDER AND INTRODUCTIONS

Dr. Martens called the meeting to order at 6:02 p.m. and self-introductions by those in attendance took place.

PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was recited by all persons in attendance.

CERTIFICATION OF COMPLIANCE WITH WISCONSIN OPEN MEETING LAW

Suzanne Martens stated we are in compliance with the Wisconsin Open Meeting Law. It was posted Monday, November 10, 2014 at 9:00 a.m.

APPROVE MINUTES FROM PREVIOUS MEETING

Motion by Darrel Kasuboski and seconded by Allen Wrubbel, to approve the minutes from the August 20, 2014 meeting. Motion carried.

CORRESPONDENCE

Suzanne and Steve have no correspondence and inquired if there was any other correspondence, and there was none.

OLD BUSINESS UPDATES

COMBINED DISPATCH UPDATE

Steve reported that dispatcher cross-training is just over 50% at this time and is going well. The process of choosing four supervisors is underway; the written test has been completed and they are currently going through presentations, which will be followed by an oral interview in early December. The new supervisors should be on-board in January 2015. They won't be starting at the same time but they will be identified and then report quarterly. Permission from the County Board has been granted to now hire in advance. This will allow the hiring process to be more efficient, i.e. moving a dispatcher to a supervisor position, where someone can be hired to fill their spot and get half the training in before the move is made.

This will probably be the last EMS meeting in this room due to the building renovations. The process will start tomorrow in order to begin construction of administration offices on this west side of the building. Everyone on this side of the building will be temporarily placed on the other side until the offices are completed. The dispatch center requires a new generator, and the installation process will begin on this tomorrow with the exterior trench being excavated. The building renovations are underway. Notification on where the next meeting will be held will be sent to all members.

ROAD AMERICA SAFETY TEAM FIRST RESPONDER APPLICATION

Carson stated they will need to meet with Suzanne regarding changes in the ambulance provider at Road America. Lieutenant Wirtz will contact you to finalize plans.

RADIO UPGRADE UPDATE AND TRAINING UPDATE

Steve reported there is progress and it is moving forward. The first RFP came in today and we are awaiting a couple more proposals to come back soon.

Steven Zils asked if someone had talked to Ozaukee to see if there was any interest to combine with Sheboygan County.

Steve said that fell through. The Ozaukee leadership at this time did not wish to get together on a joint venture.

DISCUSS SPECIAL EVENTS AND COUNTY ORDINANCE

Suzanne inquired if there have been any updates regarding this outdated ordinance. She learned that the county has not done anything about registering the Tough Mudder event which is scheduled for September 6, 2014.

Steve advised that we are discussing the ordinance but cannot act on it as yet due to its place on tonight's agenda. At the next EMS Council meeting it will be on the agenda for a vote to be taken. This will initiate a recommendation to be made at the Law Committee to address this ordinance by restructuring and making it realistic to present-day expectations.

Steve stated that the counties he contacted do not have an ordinance in place, but apparently municipalities do have an ordinance in place for special events.

Suzanne stated that if no county has this ordinance maybe it isn't necessary for Sheboygan County.

Chuck commented on if there should be concern that this ordinance is not being followed, and that, potentially it was dissolved, how would it be guaranteed that events with thousands of attendees are prepared to have the necessary coverage for all emergencies.

Suzanne added that if an attendee would get injured where the event doesn't have proper coverage, event planners could bring up the outdated ordinance in their defense.

REVIEW EMS AGENCY ANNUAL REPORTS

Suzanne asked for a review on the EMS Plan regarding Ambulance Territory Boundaries and vote on changes as needed.

Steve stated at the last QA meeting, it was discussed changing boundaries for Orange Cross Ambulance and Oostburg Ambulance just in the vicinity of Ourtown. Plans and Goals Subcommittee met and talked about it, then tabled it. It was talked about at the full EMS Council and everyone was on-board with the plan, so it was brought back to Plans and Goals where it was approved. Now the plan is back at this EMS Council meeting for approval.

At the start of this meeting all members were given an updated Sheboygan County Emergency Medical Services Plan and the coverage area is defined on page 46 (Orange Cross Ambulance Coverage Area) or on page 50 (Oostburg Ambulance Coverage Area). Oostburg Ambulance historically covered Ourtown and now the boundary is Miley Road, both sides of Miley Road at this time are covered by Oostburg Ambulance.

Carson commented that looking at the coverage areas it is a challenge for Road America, having split coverage. Most of the facility is in the Town of Plymouth, but yet the dispatch address is the main gate address which is in the Town of Rhine. He was wondering if there was a way to generate additional dispatch addresses for Road America. They had an incident where a cell phone was used to make a 911 call for a roll-over accident on County Road J. All law enforcement and EMS personnel were dispatched to the main gate when the accident was actually on J.

Steve commented that the first question a dispatcher asks is "where is your emergency", this protocol was changed approximately two years ago. So now when this question is asked, resources should be dispatched to the correct location of the incident.

Motion by Suzanne Martens to approve the Orange Cross Ambulance and Oostburg Ambulance coverage area as published in the Sheboygan County Emergency Medical Services Plan Revised November 2014 in Appendix B, Transportation Services And Boundaries. This motion was seconded by Tom Bahr. Motion carried.

EBOLA UPDATE

Suzanne commented on the Ebola Plan to track potential patients has been tested and was successful. We received notification of returning travelers who subsequently were found to not be candidates for monitoring, they were on the list for about a week. Prior to reaching this area, they had been identified through public health, that information was brought forward, placed in our CAD system, and our local public health service was notified. In theory this did work.

The second part is a response plan for monitoring a known Ebola patient and also an accidental “walked into the house not knowing an Ebola patient was inside” response plan which is being brought forth through the EMS agencies. We have identified that Hazmat teams have adequate PPE that we can utilize some personnel, and subsequently stripped and have begun to plasticize one of the not currently in service rigs from Orange Cross, to potentially move an Ebola patient locally. Once a potential Ebola patient gets to one of the local hospitals, they remain under isolation. The hospitals have similar double PPE protocol, isolation rooms and procedures for handling an Ebola patient. Currently, the Aurora system has identified a secondary center that they will shift all of their “watched” patients to. St. Nicholas Hospital has a holding area currently in the ED until a better place can be determined for the patient. Ultimately, if a patient is positive for Ebola, they would end up either in Milwaukee or Madison. There is a secondary system in place for moving the patient between facilities.

Steve said Dispatch has a script to screen 911 calls for people with flu-like symptoms.

Suzanne said the screening pathway came from Ozaukee County and was modified for our dispatch to rearrange the questions and hit the travel question first. There is a local public health 24/7 on-call contact person who is listed and assists with determining the level of the patient, i.e. home isolation versus hospitalization. Field providers have been cautioned to use discretion if they come upon an Ebola patient.

Craig Schicker commented the risk is very low right now, the surveillance system in the states is much improved from the beginning. In Wisconsin there are 54 cases being monitored, but this number fluctuates. Chuck will have a new updated screening out tomorrow.

NEW BUSINESS

REVIEW AND POSSIBLE ACTION ON THE ANNUAL UPDATE TO THE SHEBOYGAN COUNTY EMS PLAN

Highlighted areas in the plan were discussed.

Discussion of clause “l.” on page 7 of the plan: “It is not considered to be within the role of the First Responder Unit to divert (call off) an ambulance once it has been dispatched. The ambulance crew will determine whether to respond in the emergency or non-emergency mode based upon the information received through dispatch and/or First Responders on-scene.”

In regard to a cancelled call, a dispatch tape is being reviewed to determine if emergency medical services correctly perceived the information being relayed or if it was just not heard correctly. The cancelled call was not honored by emergency medical personnel. This was due to a communication issue, being each service thought they were doing the right thing. The first responders heard “cancel” but the ambulance service heard “downgrade” and continued en route to the call. This is one example that has been brought to attention and will be looked into. This type of action of emergency medical services not cancelling a call may possibly happen on a monthly basis. However, no data has been collected on this as yet.

Feedback has been received from officers in the field. The officers don’t want more rigs coming to the scene emergent due to the additional traffic hazard it creates. Dispatchers are trying to be pro-active in getting EMS services rolling as a precaution.

Example, officers are at the scene and absolutely nothing is wrong with anyone at the scene. Officers then ask dispatch to cancel EMS services. Another scenario is multiple persons calling dispatch when there is no actual medical need, and officers on scene try to cancel the call. There is no patient contact, and everybody goes home.

Steve asked if this clause should be brought to the attention of corporate counsel.

Suzanne stated that in the EMS Medical Directory, there is a chapter on refusals. There are four kinds of refusals; the cancellation where there is no need/nobody wanted them, they accidentally were sent; the “we think they need something but they don’t want it”; the “we think they want something, somebody else thinks they want something”; they won’t cooperate which requires law enforcement to enforce protective custody, and the fourth which doesn’t happen in our county, being an EMS generated refusal.

End of clause “I.” discussion.

Steve asked if he needs to request Operational Plan updates from various agencies. The original Operational Plan is filed with Steve and that is the last plan that he receives from an agency. As plans get updated or a special operational plan is created, should the agency be submitting those to me? They are submitted to the state, however, Steve was unsure if he is obligated for tracking and keeping on file the updated agency plans. It was decided that the state should have current Operational Plans on file and therefore Steve has access to them, and it is not necessary for him to also have them on file.

Suzanne commented on Appendix C, Guidelines For Trauma Definition, Recommendations from the Southeastern Regional Trauma Council 2012, page 60 of the plan.

Motion by Bob Kulhanek to approve the updated Sheboygan County Emergency Medical Services Plan Revised November 2014. This motion was seconded by Darrel Kasuboski. Motion carried.

EMS QUALITY ASSURANCE SUBCOMMITTEE REPORT

Suzanne reported that the EMS Quality Assurance Subcommittee did not officially meet.

EMS LEGISLATIVE SUBCOMMITTEE REPORT

Steve commented there was nothing to report from Joel Urmanski.

REPORT ON SHEBOYGAN COUNTY EMS ASSOCIATION MEETING OF NOVEMBER 2014

Kristi DeBlaey gave an update on the Dispatch Center similar to what was stated earlier in this meeting. Also discussed were training reports and advanced skills.

Suzanne reported the two new advanced skills for first responder were discussed. The first being the expanded Narcan use which was previously talked about, with the state deciding on the verbiage of “will” versus “shall”. All EMT’s “will” have Narcan available and First Responders “shall” have it available, so it is an option. The only Narcan request she has had was from Kohler Police Department for their officers.

There are First Responders who would like to expand their Glucometry skills and training has been scheduled to address this request.

The Ebola update was discussed and also adequate PPE stock maintenance and plans. An example was sent to Suzanne regarding a first responder who refuses to wear a mask and also does not believe in immunizations. The director was looking for help on what to do in this situation. If an exposure protocol is in place and there is potentially someone working for you who does not feel it applies to them or does not comply to the protocol, a mechanism needs to be in place to deal with those situations. They would not be allowed in the back of an

ambulance, therefore they are limited to minimal on-scene care only. Then is it worth to have them on staff. This was the reply given to the agency and their own officers will take this up for discussion. It was also a reminder for agencies to check their updated policies and make sure they are ready.

PUBLIC COMMENT

Steve asked Suzanne if there was anything in particular she wanted in the annual report. Suzanne said she will give him a list in regard to advanced skills training.

ADJOURNMENT

Tom Bahr moved to adjourn. Seconded by Steve Steinhardt. Motion carried. The meeting was adjourned at 6:50 p.m.

The next EMS Council meeting will be on February 18, 2015, at 6:00 p.m.

Respectfully submitted,

Steve Steinhardt,
Recording Secretary