

FINAL

**STATE BOARD OF EMERGENCY MEDICAL SERVICES
OHIO DEPARTMENT OF PUBLIC SAFETY
MEETING MINUTES
January 16 through 18, 2008**

Chaired by Mark Burgess

Board Meeting Date and Location: January 16 through 18, 2008 at the BWC Occupational Safety and Health Building, 13430 Yarmouth Drive, Pickerington, Ohio 43147.

Wednesday, January 16, 2008

Board Members in Attendance: Mr. Mark Burgess, Mr. James Davis, Ms. Pamela Bradshaw, Dr. Thomas Collins, Mr. David Fiffick, Ms. Vickie Graymire, Dr. Jonathan Groner, Mr. James Holcomb, Mr. Carl Jordan, Mr. John Kubincanek, Mr. Daryl McNutt, Ms. Charlene Mancuso, Mr. Mark Marchetta, Dr. John Pakiela, Dr. Wendy Pomerantz, Mr. Mark Mankins, and Mr. Mark Resanovich,

Board Members Absent: Mr. William Mallory, Mr. Michael Senter and Mr. William Vedra

Staff Members Present: Richard Rucker, Dr. Carol Cunningham, Heather Frient, Melissa Vermillion, Ellen Owens, Lorrie Laing, Chuck Milam, John Kennington, Alan Boster, Doug Orahood, Tim Erskine, Diane Walton, Thomas Macklin, Carol MacDowell, Bob Ruetenik, John Sands, Linda Mirarchi, China Dodley and Aleta Dodson

Guest and Public Attendance: Director Guzmán, John Lang, Tonia Fitros, Nancy Crespo, and Greg Margolis

Mr. Burgess called the January 16, 2008 meeting to order at 10:12 a.m.

Roll Call

Mr. Mark Burgess	Here
Mr. James Davis	Here
Ms. Pamela Bradshaw	Here
Dr. Thomas Collins	Here
Mr. David Fiffick	Here
Ms. Vickie Graymire	Here
Dr. Jonathan Groner	
Mr. James Holcomb	Here
Mr. Carl Jordan	Here
Mr. John Kubincanek	Here
Mr. Daryl McNutt	Here
Mr. William Mallory	
Ms. Charlene Mancuso	Here

Ohio Department of Public Safety
State Board of Emergency Medical Services
Date: January 16 – 18, 2008
FINAL

Mr. Mark Mankins	Here
Mr. Mark Marchetta	Here
Dr. John Pakiela	Here
Dr. Wendy Pomerantz	Here
Mr. Mark Resanovich	Here
Mr. Michael Senter	
Mr. William Vedra	

Welcome, Director Guzmán

The Retreat was opened with a welcome from the Ohio Department of Public Safety (ODPS) Director Guzmán. He congratulated the Board on the work they accomplished in 2007, acknowledging the benefits to the citizens of Ohio. He noted the current budget issues will make the work of all state agencies more difficult, but that a permanent solution to fix the EMS funding problem is in the works. Director Guzmán thanked the Board on behalf of Governor Strickland for their work in improving care for all Ohioans.

On-line Trauma Triage Course, John Sands

Mr. Sands updated the Board on the PowerPoint presentation and the on-line Ohio Trauma Triage course that has been developed over the past year. A packet of information and a copy of the slides were distributed. At last year's retreat, the Board voted to waive the 2 hour Ohio Trauma Triage CE requirement for EMTs. It has been suspended throughout 2007 and will continue to be suspended until the on-line course is developed. Tim Erskine and the Trauma Committee have worked very hard on developing this Power Point presentation. The Ohio Department of Public Safety now has a Stand-alone server that is going to be for our use for on-line CE courses.

The Ohio Department of Public Safety has purchased a new application, Lectora, which will be utilized. It is an authoring and publishing tool to aid in developing on-line courses. Summer Boyer and Mr. Sands will attend training sessions on the Lectora system, which will enable EMS to develop on-line courses very quickly in the future with this application. DPS IT personnel have also received training and will provide assistance when needed.

Some of Lectora's capabilities are:

- Various password levels
- Tracking can be done through certification number or other data
- On-line course testing
- Issue course completion certificates
- Multiple security levels

Until the geriatric rule goes into effect, several slides will be included as "recommendations". Once it becomes a rule, the slides can easily be updated. It is expected that this course will be available on-line in February or March of 2008.

Annual Report /Accomplishments Executive Director, Richard Rucker

Mr. Rucker presented a PowerPoint presentation and talked about some of the goals and accomplishments of EMS for the year 2007, which will be posted on the EMS website. It was anticipated that the Trauma Triage Transport issue would have been accomplished before this meeting, but believes the program will be worth the wait.

The Division was challenged with creating new mission and vision statements. It is very important to Governor Strickland and the new administration that we reach out to everybody and we tried to incorporate that into this mission statement. Diversity in the Division of EMS recognizes all differences that define each of us as unique individuals.

The new mission statement is: *“To promote quality and professionalism in the hiring, training, education and delivery of fire and EMS with equal consideration given to all diverse populations and constituents.”*

The new visions statement is: *“The State of Ohio and the Division of EMS will provide leadership with deference given to all diverse populations and constituents dedicated to reducing morbidity, mortality and property damage.”*

Accomplishments for 2007 included:

- EMS Grants began utilizing the electronic signature process, cutting down on processing time and mailing costs.
- \$3,244,000 was awarded for training and equipment to 771 agencies.
- HB 375 was enacted in January, granting subpoena powers that assist the Investigations section perform more efficiently.
- The Investigation Section had 478 cases, down about 5% from last year.
- The Investigation Section performed 135 consent agreements, 33 hearings, and closed 426 cases.
- EMS on-line testing was developed and implemented and more than 3,500 people have completed the testing process. We are one of the first EMS divisions around the nation who are doing this. The projected savings from on-line testing for fire is estimated to be around \$30,000 annually year from this point forward. About 66% of EMTs are applying on-line with a goal of 100%.
- Fire training Bill 401 was passed within the last few days and has been to JCARR. Currently there are 105,000 firefighters on the books, but believe the number to be approximately 60,000 to 65,000.
- Received approval to hire two Regional Fire Coordinators to assist Doug Orahod and his staff, using the six regions as set out in the Ohio Fire Chiefs map.
- Finalized the Ohio CHEMPACK training that Mark Marchetta spearheaded.
- Partnered with the Columbus Division of Fire on the development of a Geriatric Abuse Training program which is complete, but being reviewed by the Attorney General's office.
- 899 audit notices of EMTs and instructors went out in 2007. Approximately 10% of those are audited, and out of those, about 10% of those end up in Investigations. It is a relatively small number, maybe 1% of everyone who is certified do not comply.

- 237 site visits were conducted and 44 accreditation programs were reviewed, which was a huge undertaking for the staff. Jim Davis accompanied Linda Mirarchi on one of the accreditation visits. Any Board member who would like to watch that process should contact Lorrie Laing.
- Received a NHTSA 408 grant to upgrade IMSIRS which went into effect January 1, 2008.
- EMS-C completed a survey for pediatric pre-hospital care policies, presented program information to eight different states, distributed 601 copies of the Emergency guidelines second edition to schools, provided 3,300 class handouts, and applied for \$115,000 grant to cover staff salary.

Mr. Rucker thanked the Board for their leadership and time served on various committees. He wanted them to know their work does not go unnoticed by the staff and consider it a privilege to work together.

Legislative Update, John Lang

Mr. Lang introduced Tonia Fitros, Legislative Liaison and Nancy Crespo, Policy Liaison. He said Director Guzmán recognizes the importance of legislative liaison when looking at policy and how legislative changes affect policies, both internally and externally, at all levels.

Their department is looking into funding solutions for EMS, not just a temporizing approach that will remedy it only for a year or two, but a permanent solution. They are working with Director Pari Sabet of Ohio Budget and Management (OBM) to find funding options.

All the members of the House and a good portion of the members of the Senate are up for re-election, so some legislation will move very quickly through May, and then there will be a downtime while re-election campaigns are in full-swing. President Harris has committed to working closely with the administration and not squeezing in some legislation that may affect us in a negative way. Some of the leadership roles have been changing in the House and Senate.

Mr. Lang updated the Board on various items of legislation:

- House Bill 212 proposed reducing staffing on emergency runs made by an ambulance. The sponsor of that bill is running for another office.
- House Bill 145 regarding felonious assault was last looked at in April. It includes different types of penalties for assaults against peace officers as well as the BCI & I Investigators. Legislative Affairs is working on inserting language to include EMS and firefighters as well. It appears this bill will be held up for awhile, but we are hoping that if it does move, our language will be included.
- HB 283 regarding the pharmacy school using donated drugs has started moving again. We looked at making expired drugs available to the EMS community. There has to be a process or procedure in place that allows for the shared use of drugs.
- There has been a call nationally for mine safety legislation and although this legislation is not introduced at this time, it looks like there might be an introduction of such a bill that may include EMT endorsement. The Governor is looking at this item in tandem with the National Governor's Association, a non-partisan policy group.

- A proposal to allow BMV and Deputy Registrars to issue certification cards is being reviewed, which is something the Board has been working on for the last couple of years.

Mr. Jordan asked about the process when the Board voices concerns. Mr. Lang said Rich and Heather will come to him with the concerns and often provide him with options, whether it is editing language or rejecting the language or proposal entirely. At that point, their office works with the Governor's office and tries to put together a strategy on how to approach things. Their goal is to actually resolve issues behind the scenes rather than have to testify in front of a committee.

*******Lunch Break 12:00 PM – 12:50 PM*******

National Registry of Emergency Medical Technicians Update, Gregg Margolis, Ph.D., Associate Director

Mr. Margolis informed the Board that the 2007 implementation of the Computer Adapted Testing went extremely well. The National Registry's biggest concern was access and cost. Their preference was to offer the NREMT exams only at PPCs (Pearson Professional Center). However, the EMS community very vocally informed them it would not work because the PPCs are located in major metropolitan areas. Therefore, they supplemented the existing network with PVTCS (Pearson Vue Testing Centers) in order to improve access in rural areas or urban areas that were not served by an existing PPC network. Currently they offer over 325 sites nationwide where the NREMT exam can be taken, of which 200 are PPCs and a little over 100 are PVTCS.

His presentation touched on the annual report containing the first five-year pass rates nationwide, Ohio pass rate trends, National Registry's two day turnaround on test results, ability to provide feedback. The number of test candidates dropped significantly in 2007, expected due to an increase of the \$20 test fee to \$70.

Mr. Margolis said the Ohio pass rate trends for the EMT Basic and Paramedic levels for the last seven years indicate a somewhat steady decline in the Paramedic level since its peak in 2004. In 2006, there appeared to be a slight increase, but levels returned to their previous baseline.

Mr. Margolis discussed the three-attempt testing and how retraining is required before someone can take the fourth, fifth and sixth test attempts. He said it has been the policy since 1973 to allow three attempts. He believes they have enough evidence to say people should not be allowed to test on the fourth, fifth and sixth times, but feels the political ramification of that is probably unpalatable.

Several years ago, the National Highway Transportation Safety Agency (NHTSA) began working on the EMS Education Agenda for the Future which will require national certification and national accreditation of EMS educational programs. They recognized that EMS is the only licensed health care profession that does not require graduation from a nationally accredited school. They have proposed a model that is a systematic approach to EMS education and licensure which is built on the notion of a national EMS education standard and national

education program accreditation. In November, 2007, NREMT voted to require that people who will take the Paramedic National Registry exam starting in 2013 will have to have graduated from a nationally accredited paramedic program. Currently the only nationally accredited agency that exists for the EMS education is the CoAEMSP (Committee on Accreditation of Educational Programs for EMS Professions), which is one of the 17 COAs that are under the Council for Higher Education Accreditation (CHEA). This is a big deal. There are only five nationally accredited schools in Ohio. The NREMT believes five years is long enough time for schools to become nationally accredited, but short enough to get them moving. The state medical directors, Council on Accreditation (COA), and the National Association of EMS Educators (NAEMSE) have started to get together to get through this.

Dr. Cunningham read over the latest draft of the educational standards, in both the accreditation leg as well as the testing leg, the document states “national accreditation through the COA EMS process or equivalent process”, and for testing it states “National Registry or equivalent process.” The National Registry is going to mandate national accreditation. Dr. Cunningham asked if the National Registry has made a commitment to only accept accreditation by CoAEMSP to fulfill the requirement for national accreditation. Mr. Margolis said it is fair to say when this decision was made there will only be one accepted avenue. She also asked if we were to develop an accreditation process within our own state that was equivalent to the committee’s current process, is that something that the Registry would accept? Mr. Margolis said he was not in a position to say yes or no. Dr. Cunningham asked him to take that back to the National Registry board and ask, and he said certainly. Mr. Margolis said one of the advantages of is mobility, professional recognition, credibility, and comparability.

Dr. Cunningham then asked if the EMS Board were to develop an accreditation process within our own state that was equivalent to the committee’s current process, is that something that the Registry would accept? Mr. Margolis said he was not in a position to say yes or no, but upon her request, agreed to take those questions back to National Registry for an answer.

Dr. Cunningham asked what other organizations are offering nationally accreditation programs and secondly, have they done any studies comparing the testing outcome of students who went to nationally accredited school but took other tests than the National Registry. Mr. Margolis said there are no other national accreditation programs. It doesn’t mean that couldn’t evolve. The National Registry in the Paramedic level is used in 45 states. The remaining six states that don’t use the National Registry essentially have single state tests. However, there are no tests comparing the first time pass rate of those who took the National Registry test and those who took others.

Ohio Department of Public Safety (ODPS) Cultural Competency Initiative, John Kennington

Mr. Kennington is the EMS representative to the Cultural Diversity Steering Committee for the Department of Public Safety, one of the first state agencies that have been tasked by the Governor’s office to recognize culturally diverse communities in each of the cities in Ohio and how the services we provide to the citizens of Ohio affect these cultures. The group’s activities include:

- Meeting with community leaders of Spanish, Somalian and Asian communities
- Preparing a six-month action plan to bridge cultural gaps
- Working with Columbus Division of Fire to recognize the 10 largest diverse communities in Columbus
- Partnering with Columbus Division of Fire to produce a video tape for continuing education on-line for EMTs and Firefighters and also translate the modules and provide to the cultural communities to better understand the role of EMT and firefighters.

Mr. Davis encouraged members to look at extending CE opportunities for those who are taking classes and awareness courses for cultural awareness since all cities are offering this to their employees, some making it mandatory. Mr. Kennington said he and Lorrie Laing have discussed this topic several times and are hoping to put together a survey in conjunction with other departments of public safety to see if there is a need out there.

Accreditation Progress Report, Jim Holcomb and Linda Mirarchi

Two years ago, the Board recognized that the accreditation process needed revamped. Some of the reasons were an initial application was needed, updates were needed to the renewal application, and the Executive Director called for use of technology to offset staffing shortages. The intended outcomes were to assist institutions establishing a new program, assist existing programs in improving student learning and achievement, provide essential information to prospective EMS students and assess compliance with Ohio accreditation requirements. This has been accomplished through mentoring programs, consultations and orientation sessions for prospective programs and new program directors. Also program coordinator materials have been posted online.

The Progress Report became the Educational Improvement Plan and was approved by the Board in February 2007. It has become a useful tool for both the program and the Division because it has specific goals and outcomes and is due semi-annually during term of a consent agreement. A demonstration of improvement shows 98 schools accredited and 62 under consent in 2006. This year, 2008, 99 schools are accredited and only 41 are under consent.

Mr. Holcomb said the Education Committee and Division staff has worked really hard on completing the rules for a certificate of accreditation, creating an initial application and revising the renewal application which will come before the Board for approval. The Education Committee will now focus on the online rules governing initial training and then review the rules governing EMS curriculum and EMS instructors. The online rules for continuing education became effective in December and the Education Committee will now focus on initial training. Ms. Mirarchi said all the accreditation rules in Chapter 7 have been completed except for one, the certificate of approval rules, which is in the Rules Committee. The Division has completed or revised over 75 rules this year. She acknowledged the hard work of Heather Frient along with other EMS staff members. Mr. Holcomb said the Education Committee could not have gotten as far as they did without the help of the EMS staff.

*******Break 2:40 – 3:00 PM*******

National Homeland Security Update, Sgt. Rudy Zupanc, Ohio State Highway Patrol

Sgt. Zupanc gave an overview of the Strategic Analysis and Information Center (SAIC), an Ohio Homeland Security office. The office has a law enforcement side and a private business sector side. The SAIC is a liaison with the sheriff's offices, police departments, bomb squads, ATF, FBI, and other similar agencies. Also housed is the Ohio Department of Natural Resources, their enforcement side and Bureau of Criminal Investigations and Identification (BCI&I). Tom Macklin works in the CIBORN (chemical, biological, radiological, nuclear, and explosive) side of the fusion center.

Following 9-11, it was discovered there were gaps in intelligence. A lot of people have the sample people in their files, but there was no way to make the connect them. The idea behind the fusion center is to get that information and constantly feed it up into the intelligence agency so it can be connected to other agency information and prevent something from happening.

Other tools utilized include Homeland Intelligence Reports, various analytical tools to look for terrorist trends, track incidents such as stolen uniforms, cloned vehicles, and military tactical training using air soft or paint ball games.

An office of multi-cultural affairs is located in Franklin Township in western Columbus. The SAIC is trying to work with various cultural groups, not because they are a threat, but because we want to understand their culture and make sure that they feel like they have access to government services and understand what the government does. One of their employees, Omar Alomari, has been nationally recognized for the work that he has done in law enforcement as far as understanding the Islamic culture. He is also noted for town hall meetings where he brings a community together with law enforcement and first responders to work out communication issues and build trust.

ACAMS is an initiative through our critical infrastructure office where local communities can register their critical infrastructure in order for state and national agencies to be aware of its importance in case of a disaster.

SIMS is a connection to Ohio Homeland Security where you can log in to look at information. Tom Macklin can assist you in applying to get a connection to SIMS.

The State of Ohio and the Division of Homeland Security does not expect EMS providers to investigate suspected terrorism or suspicious activity. EMS providers are expected to perform life saving measures and afterward, report any suspicious information to local law enforcement.

Introduction of EMS Chief of Operations Lorrie Laing, Richard Rucker

Mr. Rucker introduced Lorrie Laing who has joined the Division as the Operations Chief of EMS. Ms. Laing has been in traffic safety for 30 years and has been with the Department of Public Safety for 20 years. For the last 10 years, she ran the Governors Highway Safety Office (GHSO). She is a process person and has been working with staff to look at what they are doing and see if it can be done more efficiently. Lorrie will try and introduce herself personally to each one of you through the course of the next few days.

Homeland Security, Mark Resanovich

Mr. Resanovich said a lot of Board members were not present when in 2004 when Director Morckel gave us our marching orders what needed addressed. Prior to 9-11, there wasn't much of an approach to preparedness and people never believed someone would come onto our soil and attack us. This was a huge wake-up call and Homeland Security was created.

Homeland Security prepares for terrorist and disaster events. There are three levels of resources our communities would see in one of those events. The first wave is the local first responders, the first on the scene, who have to be able to sustain operations locally for 12 hours. The second wave is the state, who will provide services from the twelfth hour up to 48 hours. After that, the Feds will come in. Our EMS providers are now required to be NIMS compliant, giving them a jargon---a language for local, state and federal agencies can speak the same language.

Currently, the EMS Homeland Security Committee has three projects they are working on: Tactical EMS, All Hazards Response Group, and CHEMPACK deployment. Dr. Cunningham and I will give a presentation on tactical EMS later during the retreat.

The All Hazards Response is one objective containing six different points that must be met right now as a deliverable is due the first of February, which was just completed yesterday to meet the MOU requirements with the ODH. Jim Davis is the new chairman of this workgroup.

Tom Macklin presented the draft CHEMPACK document which has been presented to Elizabeth Kitchen at the Ohio Department of Health who is reviewing it. There are some changes they will be sending us. ODH wanted a step-by-step procedure for deployment, use and return of the CHEMPACKs, not only for the EMS but also for the hospitals. Mr. Resanovich said the deadline is June 30, 2008 to complete the contract with the ODH. This will become a statewide training process and will be used in an exercise later this year. Dr. Collins thanked Tom Macklin for his effort on this project.

Mr. Rucker complimented Dr. Collins, Dr. Cunningham, Mark Resanovich and the others on the Board for their leadership they have given to the Homeland Security area. He said have this contact with ODH because we have the reputation of getting things done. They came to us just because they wanted it done right and I think kudos need to go to the Board and the Homeland Security committee for having that type of reputation.

Mr. Resanovich said the second section they are working on and was completed yesterday was the All Hazards Response which was the objective to identify in the Homeland Security document. Mr. Burgess said it doesn't just include weapons of mass destruction, but also includes all types of hazards such as weather related and local incidents. About two years ago, there was a workgroup under HLS that Dave Fiffick, myself and others worked on the typing of EMS equipment as part of NIMS. It gives the state a typing or definition of what types of resources we have EMS wise. When this is complete, it will be given to Tom Macklin and used statewide.

The rest of the objectives we are working on involve the activation of the Emergency Response Plan, which has been activated 9 times so far since it has been implemented.

Ohio Department of Public Safety
State Board of Emergency Medical Services
Date: January 16 – 18, 2008
FINAL

******The meeting ended at 4:25 PM******

Thursday, January 17, 2008

Board Members in Attendance: Mr. Mark Burgess, Mr. James Davis, Ms. Pamela Bradshaw, Dr. Thomas Collins, Mr. David Fiffick, Ms. Vickie Graymire, Dr. Jonathan Groner, Mr. James Holcomb, Mr. Carl Jordan, Mr. John Kubincanek, Mr. Daryl McNutt, Ms. Charlene Mancuso, Mr. Mark Marchetta, Dr. John Pakiela, Dr. Wendy Pomerantz, Mr. Mark Mankins, and Mr. Mark Resanovich,

Board Members Absent: Mr. William Mallory, Mr. Michael Senter and Mr. William Vedra

Staff Members Present: Richard Rucker, Dr. Carol Cunningham, Heather Frient, Melissa Vermillion, Ellen Owens, Lorrie Laing, Chuck Milam, John Kennington, Alan Boster, Doug Orahood, Tim Erskine, Diane Walton, Thomas Macklin, Carol MacDowell, Bob Ruetenik, John Sands, Linda Mirarchi, and Aleta Dodson

Guest and Public Attendance: Dr. John Crow, Drew Dawson, Dr. Michael R. Sayre, Lori Tiberi, Sgt. Rudy Zupanc

Mr. Burgess called the January 17, 2008 meeting to order at 8:15 AM

Board Committee Assignments/Creating a Master Calendar, Chair Mark Burgess

The committees are where most of the Board's work is done. The committee set up is where a lot of the work gets done – the research, the discussion, the investigations, where we bring in people from outside. The Chair is responsible for scheduling meetings and ensuring minutes are taken. As a public entity, we are required to have minutes. The committees are responsible for getting their minutes to the EMS staff in order for them to be posted to the EMS website.

EMS staff needs to be kept informed of your meetings so they can schedule meeting rooms and provide any other support needed. Committees are to report their progress to the Board in order to keep them informed and bring action items up. The Board members have the responsibility to participate in committees. Board members have been appointed due to your areas of expertise, and that expertise is needed in the committees.

Air Medical – Charlene Mancuso
EMSC – Dr. Pomerantz
Education – James Holcomb
Fire – Phil McLean
Grants – Carl Jordan
Homeland Security – Mark Resanovich
IRSAC – some changes
Medical Oversight – Dr. Pakiela
Trauma – Dr. Crow

Ohio Department of Public Safety
State Board of Emergency Medical Services
Date: January 16 – 18, 2008
FINAL

Rules – William Mallory
Research (Center of Excellence [COE]) – Dr. Collins

If Board members want to serve on a committee or want to change they should contact Mr. Burgess. Since there are so many committees and timelines, a master calendar is being created. Committee chairs were directed to get information to Aleta Dodson to schedule rooms as they are reserved quickly, limiting availability. Other items to be included are deadlines and special events such as EMS Week and the Star of Life dinner.

Round Table Meetings Summary – Laura Tiberi-Executive Director, Ohio Chapter of the American College of Emergency Physicians

ACEP is in the middle of revising the International Trauma Life Support (ITLS) manual (formerly the PTLIS manual). The Emergency Care Pre-Hospital Conference will be held February 28 – March 2, 2008 in Columbus. EMS Board member Mark Marchetta will be speaking. The 10th annual EMS Star of Life celebration will be held May 13, 2008, in Columbus.

The EMS Roundtables were the genesis of House Bill 212, the infamous proposed reduction in ambulance staffing, which despite serious opposition from every organized pre-hospital organization in the state, passed the House Committee. So far, it has yet to surface in the Senate. Mr. Rucker and Ms. Tiberi attended several meetings in hallways asking what could be done to make the bill palatable and our reply was not much. Representative Flowers has only about 18 months remaining to serve and is one of the only remaining members at the statehouse with a fire background. He asked some meetings be held focusing on 5 areas: system issues, role of the emergency physician in EMS medical direction, disaster preparedness, interoperability communications, and stable and consistent funding for Emergency Medical Services. Individuals from all types of organizations were invited to three meetings held in Cambridge, Columbus, and Toledo.

Issues raised included medical direction, the EMS data collection system, HB 212 ambulance staffing reduction, the Division of EMS, National Registry, Continuing Education (CE) rules, EMS funding, volunteers (recruitment/retention and tax incentives), minutes, hospital/community involvement in EMS, RPABs, and specific regional issues.

Medical Direction: Those of us in urban areas are probably spoiled by having larger departments and paid medical directors. There was a lot of discussion about the lack of input and participation by medical directors in EMS squads. The squad members wish they had more opportunity for education, input, and guidance. The Noble, Belmont, Muskingum area was without medical education. This situation is totally opposite when compared to places like Akron Fire or Columbus Fire, where it is just part of the program. So there is a real disconnection there and how do we help fill that, whether its money, or systemic or organizationally or educationally.

There was discussion on doing a regional pilot program, particularly in Southeast Ohio, where medical direction is hard to come by in a consistent fashion for EMS.

EMS data collection system:

One of the things was the inability to use data points in the data system for quality improvement and measurement and standards, and either through lack of education, but many medical directors and chiefs don't use the standard for response time in the same way that some of our private ambulances do. Response time is reported from the perspective of the person reporting it. It could be from the time the truck gets to the street, or patient contact, or as a result, there is a variance as to what really is response time.

House Bill 212 (reducing ambulance staffing):

There was significant remaining opposition to reducing ambulance staffing. No one wanted to see that happen. 99% of the people attending these meetings said if you would do anything, don't do that. Raising the bar and keeping the bar high in education and training standards should be made to derive change. There were some exceptions from some very rural areas who said they just couldn't get their arms around that if they are there with the patient, why they can't they transport that patient instead of having to wait for someone else.

ACEP will continue to fight by any means any opportunity to reduce standards and staffing.

National Registry:

There was some concern regarding the National Registry testing, division rules on setting up CE rules and training sites, and the hoops they felt you had to go through, mostly in the Cambridge meeting.

Tax Incentives for Volunteers:

We thought there should be significant focus on incentives for recruitment and retention of volunteers. Despite the fact that most of the people told us money was not an issue, that time was. It is things like tax breaks, scholarships, health insurance discount are what will help keep volunteers.

ACEP is looking at establishing a foundation for scholarships for emergency medicine education and in this particular case, EMS. How do we help get scholarships for part-time education so that in areas that don't have full-time people and they have full-time lives, they may be able to go back to schools.

Board Minutes:

Ms. Tiberi said in the context the minutes were brought up at the meetings was that the individuals wanted to have the minutes posted after the meeting to see what everyone said in order to attend the next Board meeting to rebut them. Her opinion is they should look at the agenda on-line and determine perhaps they should attend the first meeting as opposed to waiting to attend the next one to voice a rebuttal. Mr. Rucker said he already discussed with the Board several comments from the Columbus meeting where they wanted the Board minutes to be posted immediately after the meeting without final review and approval by Board members.

RPAB:

Mr. Resanovich said we are no further ahead as far as designing the regions than we were years ago. The House Bill 375 Committee learned through this process is that before we consider

changing the RPAB regions, one direction from everyone, the EMS Board needs to identify or revisit what the charge is to the Regional Physician Advisory Boards. How do we strengthen this piece of Ohio EMS? What charge do we give the physician's group for medical direction? What purpose do we give ownership to the Regional Physicians Advisory Board. Once these questions are addressed, the regional piece will just naturally evolve. The questions that Cambridge and northwest Ohio asked regarding about medical direction may be something that should be addressed via the RPAB. The EMS Board has the responsibility to address those questions across the state, and everyone in the state may have different problems.

For the RPAB's, it is hard to get a collective RPAB even for the southeast. Perhaps it is possible to do something with a more regional medical direction and protocol focus and less focus on the meetings.

Hospital/Community Involvement in EMS:

Under the ODH, a critical access hospital is required to have EMS involvement in the community. The EMS in the community tells us that their critical access hospitals have various ways of making that occur. Mr. Resanovich was not sure what the standard is, as it seemed to vary widely. Some areas had little contact or guidance from their hospitals, physicians and medical directors, while others couldn't live without their hospital and the support they receive. There are very diverse standards at play and perhaps the Board can help by developing a model process.

Specific Regional Issues:

The southeast of Ohio reported that there are places to get the education, but they want more hospital/physician involvement to help them stay medically/clinically accurate, focused, aware. This participation varies across the state. For a significant area of rural Ohio, part of that gap or failure is because emergency physicians or family physicians that staff emergency departments might not necessarily be local. They live here in Columbus and are contracted with a group to provide service in Cambridge or somewhere else. It's not that these physicians aren't invested in the emergency medicine or EMS, but they're not part of that community so they're not there on Wednesday night and able to provide a class. It's a complicated system issue that perhaps southeast Ohio might deserve a different look. There is value in some kind of pilot regional medical direction project or something that the Board, RPAB, Ohio ACEP or perhaps the Ohio University medical school could work on to give educational outreach and regional protocol in something that would help in that area.

EMS Funding:

From the perspective of the legislature, Representative Flowers was very clear that funding is a problem. There would not be significant funding forthcoming for any community based project that did not have regional compliance/boundaries/overtones because the leadership of the state legislature is looking for regionalization.

Ohio has statutory responsibility to provide fire and police services, but there is none for EMS. Without somebody being accountable or responsible overall for having that service, it's hard to build in a system of accountability at any other level if nobody under state law is actually

responsible for it. There was a lot of discussion about whether that would constitute an unfunded mandate.

Forty-three states receive some portion of their EMS state budget from state general revenue funds. The state of Ohio is not among the forty-three.

Ms. Tiberi stressed the significance and power for you to make contact with your own state legislature or senator. Jim Carmichael's whole incentive and drive behind House Bill 212 are two Fire Chiefs and two e-mails. Ms. Tiberi requested that each Board member place on their calendar and tell them, "I'm a paramedic in X county, I work in the EMS Department, I'm your constituent, and I'd like to invite you out to see how things are going." Each Board member needs to be communicating with their organization that appointed them that they are promoting that too.

Board members discussed other issues including areas that are not covered by public services and where EMS services fall back on the private services, RPABs in the southern parts of Ohio and having difficulty in getting them to participate, CE and training and equipment dollars.

Ohio ACEP will put in their final report that the legislature should adapt state law to suggest emergency medical services are a required and expected public service like fire and police. Ms. Tiberi asked for the Board's input on the upcoming bill to include in their report.

Ms. Tiberi has a three-page summary of all the comments from the roundtable discussions and if anyone is interested receiving a copy, please contact her.

*******Break 9:45 – 10:00 AM*******

National EMS Standards, Drew Dawson – Director National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services

Mr. Dawson said he was pleased to be here as he does not get out to individual states very often. He is going to talk about some of the activities at NHTSA and Dr. Cunningham will talk about the EMS education agenda and scope of practice.

One of the questions that frequently comes up is what in the world is the Emergency Medical Services program doing at NHTSA? To explain it, we need to go back to the mid-1960's when Accidental Death and Disability, a National Academy of Science project, was published. It pointed out the problems with people dying on the roadways and the absence of emergency medical care. The first administrator of NHTSA, Dr. William Haddon, who recognized that in order to reduce fatality rate in motor vehicle crashes, you needed to approach the problem of highway safety and crashes comprehensively. He emphasized a program that deals with what happens before, during and after the event, from a human, vehicle and environment side, and what happens during the event from the standpoint of Emergency Medical Services.

Several years ago, the Federal Interagency Committee on Emergency Medical Services (FICEMS) was set up by Congress to coordinate these services at the national levels. Responsibility of the day-to-day operations of the FICEMS rests with NHTSA Office of EMS. These responsibilities are mandated to the FIC by statute as it is the primary one coordinating EMS and 911 activities. This has been operational for a little over a year now. This committee controls the purse strings and policy decisions.

NHTSA is pushing for a formal mechanism for non-federal people to come together and make recommendations to the federal government. NHTSA created a National Emergency Medical Services Advisory Council (NEMSAC), consisting of 26 members, representative of a wide range of disciplines. The first meeting should occur in a few months.

There are a few projects going on right now that are jointly funded by NHTSA and the Department of Health and Human Services:

- The University of California San Francisco is working on a national EMS workforce assessment project. That data will be reviewed to see what needs to happen on a federal level in coordination with state and local agencies to better support the nation's emergency medical services workforce.
- The Longitudinal EMT Attributes and Demographics Study, short for LEADS, is a project that tracks emergency medical services medical providers over a period of time.
- The Feasibility for EMS Workforce Safety and Health Surveillance System is working on collecting data for the assessment of the EMS workforce. This will also focus on the health of the EMS workforce.
- The EMS Cost Analysis Project is done through the National Association of State EMS Officials and will enable us to better define emergency medical services system. It will eventually be able to assist us in making changes in the EMS system. A workbook will be available this summer or next fall and is designed to be completed by a local EMS system and be useful in terms of that community.
- CDC has funded a project regarding trauma triage. The test phase of the project is looking at Advanced Automatic Crash Notification (On Star) and trying to determine which of that information is useful for making patient care decisions prior to the arrival of EMS on the crash scene or upon arrival at the scene.
- The National 9-1-1 office, which was set up by Congress several years ago, is a project NHTSA does jointly with the National Telecommunication Information Administration at the Department of Commerce. The idea is to set up a mechanism to provide technical assistance to public safety answering points and to administer a grant program and get the money directed to Public Safety Answering Points (PSAP) to increase their capacity to receive signals from cell phones in compliance with FCC, which gives telephone number and geographical location. The current 9-1-1 program is based outdated analog technology as opposed to digital. The Next Generation 9-1-1 Project is going to be upgraded and based on internet or PDA protocol, not just telephones. It will provide flexibility in terms of getting data and provides better redundancy; if one PSAP group is shut down, it can be shifted to another PSAP group.

NHTSA is also charged with establishing guidelines for EMS for statewide adoption of 911 centers and pandemic flu plans. There are two documents that have been published and gone through federal review. One is the EMS Pandemic Influenza Guideline for Statewide Adoption (May 3, 2007) and the other is Preparing for Pandemic Influenza (PSAPs) (May 3, 2007), along with the corresponding ones for 911 and public safety answering points. These PDF files are available through the NHTSA website.

The National EMS Information System has potential to get better data information in the future. From a policy standpoint, having some level of national data is extremely important in terms of getting to congress and other funding agencies. The absence of data has plagued us in emergency medical services in terms of resource allocation and in terms of research. This information is currently housed at the University of Utah School of Medicine and will eventually be housed at NHTSA.

NHTSA also provides a state EMS technical assistance where we bring in an outside team to a state to evaluate the state according to a set of standards and provide a written report to the state. All states have been assessed initially, and 15 states have now been reassessed.

Dr. Cunningham gave an overview of Scope of Practice. When the original EMS Agenda for The Future was published, there were several organizations involved in creating that and contained several components. The EMS Education Agenda for the Future has a five tiered system approached included in that. The first component was the EMS course content that outlined the universal basis for EMS knowledge and skills; EMS scope of practice, which delineated the various provider practice levels; EMS education standard, which put in place national standard curriculum; program accreditation and EMS certification. Two of those components are completed: the EMS course content (July 2005) and national scope of practice model (September 2006). NHTSA is currently working on the third tier, the education standard. The deadline is scheduled for September 2008. Once that is completed, NHTSA will then work on the education program, accreditation and EMS certification.

We worked with NHTSA on the National Scope of Practice model. The final version of the document states that the state maintains authority as well as responsibility for establishing and maintaining the scope of practice within their state. The psychomotor skills outlined in the scope of practice represent the minimum skill levels NHTSA expects EMS providers in the United States possess. The adoption of the National Scope is not mandatory because the states have legislative mandate over their scope of practice. States can choose to adopt all of the national scope, parts of it, or elect to not to adopt it at all.

The state of Ohio currently uses the National Registry as our source of testing and is required for certification. The National Registry plans to have an overlap between the new test and the old test. As we heard from the Registry at their last Board meeting, they voted that effective December 31, 2012; they would no longer provide eligibility for their exam unless the paramedic graduated from a nationally accredited program. It is up to the EMS Board to decide which way we are going to go on this. First of all the National Scope of Practice model as well as the EMS Education Standard may be incorporated into the National Response Plan. Obviously that would be linked to federal funding. Currently the Board requires National Registry for certification.

It is up to the EMS Board to decide which way Ohio EMS and the Division of EMS will proceed. First of all the National Scope of Practice model as well as the EMS Education Standard may be incorporated into the National Response Plan. Obviously, adoption of the National Scope of Practice model may be linked to federal funding. Currently, the Board requires National Registry for certification.

The EMS Board has three decisions to make:

- Retain the National Registry as a requirement for the adoption of the National EMS scope of practice model. As you can see, they are only going to test exactly what is in the national, and our scope of practice goes above that.
- Retain the National Registry as a requirement, but we also need to be proactive for avenues as to how we are going to provide education and testing for those psychomotor skills that go above the national scope that we are going to keep in our scope.
- Explore other testing avenues (i.e. state generated-exams, which would require some expense and work.)

There was extensive discussion regarding the National Registry's new position that was passed a few months ago requiring paramedics to graduate from nationally accredited schools.

Concerns addressed were:

- The impact it will have on the states, especially rural areas
- Whether the 5-year period will be enough time for schools to become nationally accredited
- Will an alternative to the one national accrediting body be available
- The costs to become nationally accredited (COA
- Will the Basics and Intermediates be required to attend a nationally accredited schools down the road
- Is there a body of evidence that supports the higher the education, the better we treat our patients?
- Concern over the fact that a non-governmental agency is trying to force and create policy within NHTSA, which forces operational changes in our state and others, with little or no options.

Dr. Cunningham asked Mr. Dawson to communicate to NHTSA the challenge Ohio schools will face to become nationally accredited. Would NHTSA allow a second avenue for the testing process as well as the certification process while the schools get their resources together to become nationally accredited? If the state would create something equivalent, would they accept that? The Division of EMS has always accredited our own programs and our department has done a great job, likewise with the testing process. When we developed our state trauma system, we created a second alternative for hospitals to become trauma centers if they didn't have the financial resources to go through the ACS (American College of Surgeons) process, it was done through the Ohio Department of Health. Dr. Cunningham felt that in order to be successful, there needs to be a dynamic and flexible process created where people want to embrace it rather than feeling like they are forced.

Heather Frient said Ohio Senate Bill 175 bill has proposed language that would require EMTs to dispose of fetal tissue in the same manner as set forth in national curriculum for EMT-Basic. This language suggests the new national curriculum established such standards. Both Mr. Dawson and Dr. Cunningham said they have not seen this in any of the new draft language, but will look into it.

Board members asked various questions regarding the number auto crashes that occur in the United States, notifying hospitals in advance when a patient needs trauma evaluation and whether the state will receive a report based on the data coming out of the work safety program.

*******Lunch 11:45 – 12:35 PM*******

Burden of Stroke Update, Dr. Carol Cunningham, State Medical Director

Stroke is the third leading cause of death in our state and leading cause of long-term disability for adults. The critical action for a stroke victim is obviously recognition of the symptoms. Still remaining is the hurdle is getting the stroke victim to call 9-1-1 to send EMS. Once EMS arrives, they need to quickly recognize those symptoms, give proper triage and transport that patient to the appropriate facility, whether that is the closest hospital or to an appropriate stroke center. Our Burden of Stroke study is the only study of which Dr. Cunningham is aware of that follows the patient from the onset of symptoms, through the hospital and rehabilitation stages, and where the stroke victim ultimately ends up, whether at home, in a long term facility, or deceased.

There is a golden hour with trauma, but with stroke, it is a golden marathon. It is only three-hour window that can go by very quickly, from the onset of symptoms, triage, to transportation, a CAT scan, and treatment.

For our study, we wanted to focus on agencies in the rural communities who are most in need and don't have as many resources for stroke care close to them. To be eligible to participate in the study, EMS agencies that had a transport time greater than 40 minutes were eligible as well as agencies that were located in counties that did not have a hospital in their boundaries. The medical directors had to agree to the study and she asked them to look at their existing protocols; if they did not have them, they had to create one.

Two tools were used: a self-guided instructional CD produced by the American Heart Association and the Advanced Life Support course out of the University of Miami.

The goal of the study is to maximize the skills of EMS in their assessment of stroke and to expedite the triage of the stroke victim to the appropriate facility and see what the impact was on the patient on the pre-hospital care providers on the overall outcome of the stroke victims.

Since the study was launched, application was made with the ODH and CDC for a CDC Promising Practices Grant, which was awarded. However, it was not funded this year, but hope it will be funded next year. There were extra grant funds so we were able to identify additional

regions in the state where we thought there was a need for this type of stroke education and conducted the advanced life support course in northwest Ohio in August.

Once the study is done and all the data is in, we hope to be able to generate a procedure in our state regarding strokes. There still is a huge need for education of the general public that they need to call 9-1-1 when having stroke symptoms. Even patients who have had prior strokes do not call 9-1-1 even though they are walking around with an arm that is not working.

Board members discussed whether stroke education as continuing education should be mandated, if the two-hour training module was available for use (it is not—it's a copyrighted course), and whether this information has been shared with agencies such as OHA or AMA or Neurology Associations.

Trauma Committee Update, Dr. John Crow - Trauma Committee Chair

A handout was distributed that summarized what has been done this year. He wanted to commend the people on the committee who have done so much work: Time Erskine, Howie Merman, Vickie Graymire, and many others.

The on-line trauma triage CE presentation was completed at the request of the Board.

The geriatric trauma triage study was completed and recommendations were presented to the Board.

Rules will be drafted and submitted to the Board. The first draft will be reviewed and approved by the Trauma committee at their March meeting. Implementation is estimated for the fall of 2008.

The Model Trauma Systems Planning and Evaluation Document was funded by the HRSA grant. We reviewed the Ohio Society of Trauma Nurse Coordinators (OSTNC) document that they already completed and we felt the best way to deal with the trauma document would be for us to use their document and bring the trauma committee together for an all day meeting to go over this document. In the Fall we would like to have a two-day retreat with a facilitator to finalize recommendations. We will include shareholders who have an interest trying to come up with where we should proceed.

The legislation also asked us to look at “over” and “under” triage. We expect results from special studies on triage in the summer.

For the first time I can remember, we now have a full complement in our Trauma committee.

GIK and the IMMEDIATE Trial, Dr. Michael R. Sayre – Associate Professor, The Ohio State University Medical Center

Dr. Sayre presented a Power Point presentation summarizing the GIK (glucoseinsulinpotassium infusion) and IMMEDIATE (Immediate Metabolic Myocardial Enhancement During Initial Assessment and Treatment in Emergency Care). The trial is a National Heart, Lung, Blood Institute (NIH) sponsored study that is testing whether giving an Intravenous (IV) solution of

readily available medications (Glucose, Insulin and potassium (K) infusion), referred to as "GIK" is helpful to patients at the first signs of a heart attack. Basically the GIK infusion helps to keep damaged cells from killing themselves off.

This is a large study because most patients with MI live. A lot of people will need to be enrolled to show a mortality difference. The statisticians have figured out it will be about 15,000 subjects and in order to have that many individuals, it will be tested across the United States at the same time period.

Dr. Sayre said the idea is to take patients who are having heart attacks being transported by EMS identified by a 12-lead EKG where the ST elevation MI gets identified and take them to the heart cath lab to open up their obstructed artery. If that happens quickly, the injury that the patient will suffer can be very small. If the artery is opened today in under an hour, the infarct is basically aborted and heart tissue can fully recover. But by 3 or 4 hours, the survival of the heart muscle cells is much less, perhaps half or fewer of the cells will survive the injury at the time they had no oxygen supply.

In order to administer the drug at the earliest onset of injury would be to have EMS administer it. GIK is inexpensive and the risks of its administration is pretty low. These substances are already in our body and the idea behind giving the increased amounts of these to the patient, you can help the heart cells survive better. EMS offers a unique opportunity to do that as they are the ones who are typically taking care of the patients earliest. The people who have the biggest infarcts are more likely to call 9-1-1 then those who have relatively small ones.

This is a placebo controlled double blind clinical trial, in other words people get sugar water or the active substance, and neither the paramedics, the patient or the hospital staff will know which group they are in.

Part of the study is to use people who have a closed artery and using EMS through ECG analysis to identify most likely who those people are. The outcome is survival. We will look at how many people are alive after 30 days and one year out of those who get the drug and placebo, look at process of care issues as well as heart failure readmission.

You have to have a 12-lead EKG done and it has to be one showing a high likelihood that you are having a myocardial infarction. Part of the study will modify the software in the 12-lead EKG machines being used in the EMS systems that are participating so that they will print a probability which is calculated based on the ECG, the age of the patient and whether or not they're having chest pains. It will then calculate whether they have acute cardiac ischemia. The software modification will also add the patient's blood pressure and how long they've had symptoms and their age, then they will predict it's a 95% probability the MI is going on and show their expected survival rate. We're excluding people from the study who can't handle the fluid requirement of 2 to 3 liters over a 24 hour period. If you're on dialysis or have heart failure, you wouldn't be able to participate in the program. Prisoners, pregnant women, and patients who are not capable of giving consent are excluded from the study.

Participating paramedics will receive education on MI, the 12-lead EKG, what the study criteria is, informed consent and training on the infusion process. Hopefully they will receive CE credit for this training. The consent process is unique, using a 2-stage consent: the initial consent given in the ambulance, then again after they have been admitted to the hospital.

The study drug is packaged in a bag containing glucose and potassium, and on the outside of the bag there is a syringe with the insulin in it. You can't put the insulin in the bag ahead of time because the plastic in the bag will soak up all the insulin. The placebo ones is a bag with D5W with a syringe containing D5W. The paramedics will not know which bag they have.

Some of the study items of interest are:

- There are no special shelf life/storage conditions other than the insulin is a protein, so if it is frozen and thawed out, it will eventually fall apart.
- An infusion pump would be used and the participating paramedics would be taught how to operate it.
- The drug needs to be given as early as possible, at the onset of symptoms and is infused for 12 hours.
- The risks of the GIK are low; however, it's not totally risk free. Some patients get a high blood sugar with it and need additional insulin to bring their blood sugar down, and those would be people who are already somewhat predisposed to diabetes.
- All Columbus Ohio hospitals would need to participate in order for the program to be able to work and be cost-effective.

*******Dr. Groner left at 1:00 PM*******

Center of Excellence Committee/Research Committee, Dr. Thomas Collins

Prior discussions regarding the Center of Excellence revolved around a number of ideas:

- Assist the Board with what goes on the equipment list
- Research projects
- How the Board determines allocation of grant money

The goal early on was to use data driven research based concepts, get experienced people to support the Board's goals, make recommendations to the Board on methodologies for approving equipment and to publish work.

The Center of Excellence is not a jar that contains all the excellence; the Board as a whole, all of you and all the committees you work on, are excellent in your own way and experts in your field. After discussing it with Mark Burgess and Richard Rucker, we decided to call it a Research Committee. I think it helps define the focus of what this group will do.

Primarily they will use data from the trauma registry and EMSIRS, answer questions that come before the Board. The committee will assist Grants in evaluating grant applications because

physically it is always good for Grants to have more eyes looking at applications. Another thing to do is go through peer review journals and bring articles relevant to EMS back to the Board either at Board meetings or at the Retreat. There is consideration of potentially adding an epidemiologist to the Board structure. We have developed a list of people who would be interesting in doing this. Dr. Collins also requested that any interested participants for the committee should be submitted to him.

What are the next steps? We need to look at rule changes, making sure that we aren't stepping on what other committees currently do, define role delineation, select committee members and start meetings. The committee is going to meet on even Tuesday's at 10:00 AM

*******Break 2:00 p.m. – 2:21 PM*******

State's Role in Implementation – What is Next?, Richard Rucker

Mr. Rucker opened up this portion of the retreat for an open discussions on where the Board is going from here and what we're going to do so we have a roadmap.

The main item discussed was the National Registry and national accreditation that are scheduled to become effective in 2013. One of main concerns was the impact on schools in Ohio:

- Do they have the money to become accredited
- How many would choose not to get accredited
- Would they have time to go through the accreditation process before the 2013 effective date
- Should the Board look into alternatives of handling testing and certification ourselves, putting together a toolkit or getting one from the national accrediting agency to assist schools in the certification process
- Would lack of competition in schools drive up costs
- Would our special topics instructors' certifications be recognized
- Would Ohio be left with only a few schools in the state able to teach paramedic programs (currently there are only five nationally accredited schools in Ohio.)

Dr. Cunningham said NHTSA said the nationally accrediting body would be CoAEMSP or equivalent. She suggested that the EMS Board draft letters separate letters to NHTSA and the National Registry and ask them specifically for those schools who utilize other national accrediting bodies, and inquire if these agencies meet their qualifications. And if so, if they are going toward one accrediting body, at what point will they state it must be a certain organization. Once those issues are answered, the Board could hold a forum for the stakeholders. Mr. Rucker agrees we need to find out what is and isn't acceptable. The best way to do that is to send a pointed letter and say we need an answer. He did not think they are going to give us an answer immediately, and that's the problem. The EMS Board and the Division of EMS does not have time to wait six months to get answers to give our constituents.

Dr. Pakiela asked Mr. Rucker if he could summarize for the Board members who were not on the EMS Board during the time when other testing avenues were explored and the road blocks encountered. Mr. Rucker said for one thing, the cost was prohibitive. The Board did not know what the cost would be for IO Solutions to give the test, but the undetermined variable was that we were going to have to do a lot of legwork over a period of 9 or 10 months, spend a lot of staff time out in the field to put together a test bank for Ohio, hire outside people and manage problems that may arise when testing. There were problems with the fact that we were going to have to do practicals for the paramedic level, which we had never done before; IO Solutions was not willing to accept liability for any problems that might result from the test that National Registry accepted full liability for. There were many different areas of why we felt it was prudent for us to stay with National Registry. It was a unanimous Board vote. Dr. Cunningham suggested we contact IO Solutions to see if they have the exact same program that was presented or if they have made changes again to try and be competitive.

Mr. Davis said one of the things he would expect to hear from programs would be if they must be nationally accredited, then why would they have to submit to a state evaluation as well. Another issue is that if certifications are handled by a national organization, the Education section within the Division of EMS may be eliminated. Mr. Resanovich said that's the other piece: we wouldn't need the DEMS Education or Certification sections if it is going to be handled by a national body. We are going to lost control of EMS in the state of Ohio.

Mr. Fiffick said instead of focusing on the negative, perhaps we need to make a list of the pros and cons of each; of doing our own and a program like this. The EMS Board knows the problems we have with our schools. A lot of them are in consent agreements and when Ellen and the others who go to these schools, there's no cooperation with them. Mr. Fiffick felt that the Board needs to look at the pros and cons.

Mr. Jordan said there will be states who decide not to go with National Registry as a testing entity. Mr. Mankins said then we could wave the whole EMS Agenda for the Future and the National Scope of Practice model down the drain. Mr. Jordan said our scope of practice is very close to the national scope and in most instances exceeds it, so the question is do we want to have accreditation in order to make National Registry the testing avenue for Ohio. Mr. Fiffick said everyone is going national, if and when this goes through, they could exclude Ohio from federal dollars if we decide not to go with this. Mr. Rucker said that is a very possible reality. Mr. McNutt said the bill that Representative Flowers has on the table and this could be added into that to say we do not want to be involved in this because we are driving people away.

Ms. Mancuso said there are two different things going on here. First, we are being told there will be one national accrediting body because every other health care provider has that already. EMS is the only group that does not have that. The stand has been made and it's going to happen whether it raises or lowers the price. Every school in the United States has to go through it. She said the National Registry has bought into it to push people down the road, which may be good for them. We first have to deal with the accrediting body issue and find out what that means and if there's going to be more than one option and how long. She is having a hard time believing that they're going to be able to put every school, every program in the United States in five years going through this process. The timeline may be moved out. The Board is going to

have an accrediting body for all of us whether we like it or not. The profession of EMS is the last group without it. She felt the whole Registry piece is a different issue and there is more latitude in as far as if we're going to stick with the Registry or do our own tests.

Mr. Rucker has created a follow-up list of things to do. Mr. Burgess said one of the items is getting feedback from the programs and that is probably one of the priority items we need to look at. The Board is doing a lot of speculating on the impact it has on the programs and how it's going to affect them.

EMS Board Goals for 2008: Communicating With Providers, Mark Burgess

The EMS Board needs to keep our mission in mind when making our decisions. It's our "lighthouse" and the Board will have it on our agendas, board packets and publications to guide us on our long terms affects of what we're doing. The Board should focus on the future and how it is going to affect patient care. Our expertise on the Board is having an effect on EMS care (i.e. Mr. Marchetta's paper on CPAP). The Board should consider what we've done in the past and be consistent in our disciplines.

Vision: Where do we want EMS to be 5 or 25 years from now? What should patient care look like in the future? Is GIK the future? If it is, we need to take some steps and put some processes in place to start moving toward that.

Values: Respect among ourselves, the shareholders and the people we serve. Honesty. Do we expect everyone to be honest with us? We want to think so.

Integrity: If we are going to continue to do on-line continuing education, is it going to be followed, or is it just going to be zip through it real quick and get the certification. If it takes 2 hours and they did the test in 5 minutes, we expect the integrity of our providers.

Education: Is education a good indicator of patient care? Is that what we're going to base our decisions on? If you have an education, then that equates to good patient care. Does a Bachelor degree necessarily make a good program? Those are things we have to look at.

Safety: We have to keep in the forefront the safety of the providers and the patient is part of our whole system.

Communication: It's vital to what we do and vital to our success that we communication internally. The committees need to talk with each other, with the staff, and the staff needs to talk to the committees. We have to share that information. With the Research Committee getting up and running, there is going to be some information available to help make better decisions. The master calendar for the committee meetings is one step; it's a tool, but we have to be open and talk with each other.

Items discussed included having quarterly town hall meetings, setting up a listserv for better communication on specific topics, send SIREN newsletter by email to save costs and include more articles, redefining RPABs role, acting on information collected at Grant Open Forum and have more open forums during regular Board meetings.

Blueprint for Success: Continue to improve patient care and provide training and education (on the EMS website).

We need to lead EMS.

******The meeting ended at 4:25 PM******

Friday, January 18, 2008

Board Members in Attendance: Mr. Daryl McNutt, Mr. David Fiffick, Mr. Mark Resanovich, Mr. Mark Marchetta, Mr. Mark Burgess, Mr. James Holcomb, Ms. Vickie Graymire, Mr. Michael Senter, Dr. Wendy Pomerantz, Mr. Mark Mankins, Dr. John Pakiela, Ms. Pamela Bradshaw, Dr. Thomas Collins, Ms. Charlene Mancuso, and Mr. James Davis

Board Members Absent: Dr. Jonathan Groner, Mr. John Kubincanek, Mr. William Mallory and Mr. William Vedra

Staff Members Present: Richard Rucker, Dr. Carol Cunningham, Heather Frient, Yvonne Tertel, Melissa Vermillion, Ellen Owens, Chuck Milam, John Kennington, Doug Orahod, Tim Erskine, Diane Walton, Thomas Gwinn, Aleta Dodson, Carol MacDowell, Bob Ruetenik, John Sands, Linda Mirarchi, Chuck Milam, and Lorrie Laing

Guest and Public Attendance: Dr. Howard Mell

Mr. Burgess called the meeting to order at 9:00 AM

Roll Call

Mr. Mark Burgess	Here
Mr. James Davis	Here
Ms. Pamela Bradshaw	Here
Dr. Thomas Collins	Here
Mr. David Fiffick	Here
Ms. Vickie Graymire	Here
Dr. Jonathan Groner	
Mr. James Holcomb	Here
Mr. Carl Jordan	Here
Mr. John Kubincanek	
Mr. Daryl McNutt	Here
Mr. William Mallory	
Ms. Charlene Mancuso	Here
Mr. Mark Mankins	Here
Mr. Mark Marchetta	Here
Dr. John Pakiela	Here
Dr. Wendy Pomerantz	Here

Ohio Department of Public Safety
State Board of Emergency Medical Services
Date: January 16 – 18, 2008
FINAL

Mr. Mark Resanovich Here
Mr. Michael Senter
Mr. William Vedra

REVIEW AND APPROVAL OF THE DECEMBER, 2007 EMS BOARD MINUTES

ACTION: **Motion to approve the December 19, 2007 EMS Board minutes.** Pakiela first.
McNutt second. None opposed. Motion approved.

Mr. Burgess presented former Chairman, Carl Jordan, with a plaque of appreciation for his enthusiasm and service.

GOLDMAN PROCEEDINGS

Goldman Proceedings were called to order at 9:05 AM

Roll Call

Mr. Mark Burgess Here
Mr. James Davis Here
Ms. Pamela Bradshaw Here
Dr. Thomas Collins Here
Mr. David Fiffick Here
Ms. Vickie Graymire Here
Dr. Jonathan Groner
Mr. James Holcomb Here
Mr. Carl Jordan Here
Mr. John Kubincanek
Mr. Daryl McNutt Here
Mr. William Mallory
Ms. Charlene Mancuso Here
Mr. Mark Mankins Here
Mr. Mark Marchetta Here
Dr. John Pakiela Here
Dr. Wendy Pomerantz Here
Mr. Mark Resanovich Here
Mr. Michael Senter
Mr. William Vedra

A majority of the Board members were present. Two Goldman adjudication proceedings were held for EMS Case No. 2006-368-602, Brian D. Ware, EMS Certificate Number 116553 and EMS Case No. 2007-209-304, Dana C. Cicero, First Responder Certificate Number 91502.

The Board reviewed evidence, including exhibits and affidavits from EMS investigators and/or staff, associated with the aforementioned cases. Mr. Burgess asked for a motion to admit the sworn affidavits and the accompanying exhibits into evidence.

ACTION: Motion to admit the sworn affidavits and the accompanying exhibits in the aforementioned cases into evidence. The social security number that is on the case will be redacted. Fiffick first. Jordan second. None opposed. Motion approved.

There being no further evidence to come before the Board, the Goldman Proceedings were closed at 9:08 AM

Mr. Burgess asked for a motion to deliberate on the sworn affidavit and exhibits. He noted that a written copy of the board's decision will be mailed to the respondent.

ACTION: Motion to go into private session for the purpose of quasi-judicial deliberations on the aforementioned cases by roll call vote at 9:09 AM Pomerantz first. Jordan second. None opposed. Motion approved.

Roll Call

Mr. Mark Burgess	Here
Mr. James Davis	Here
Ms. Pamela Bradshaw	Here
Dr. Thomas Collins	Here
Mr. David Fiffick	Here
Ms. Vickie Graymire	Here
Dr. Jonathan Groner	
Mr. James Holcomb	Here
Mr. Carl Jordan	Here
Mr. John Kubincanek	
Mr. Daryl McNutt	Here
Mr. William Mallory	
Ms. Charlene Mancuso	Here
Mr. Mark Mankins	Here
Mr. Mark Marchetta	Here
Dr. John Pakiela	Here
Dr. Wendy Pomerantz	Here
Mr. Mark Resanovich	Here
Mr. Michael Senter	
Mr. William Vedra	

*******Dr. Groner arrived at 9:10 AM *******

*******Board returned from private session at 9:13 AM *******

ACTION: In the matter of EMS Case Number 2007-209-304 Dana A. Cicero, Emergency Medical Technician First Responder Certification Number 91502, the board finds that Ms. Cicero committed fraud, misrepresentation or deception in applying for a certificate to practice as an emergency medical technician and failed to accurately document all continuing education requirements after attesting to the fact that she had

satisfied the requirements to renew her certificate to practice in violation of Ohio Administrative Code Sections 4765-10-03(A), 4765-10-03(B)(1), 4765-9-01(I), 4765-8-04(A)(2)(b) and 4765-12-08, therefore the Board moves to revoke Ms. Cicero's emergency medical technician certificate to practice. Pomerantz first. Jordan second. None opposed. Fiffick and Holcomb abstained. Motion approved.

ACTION: In the matter of EMS Case Number 2006-368-602 Brian E. Ware, Certificate Number 116553, the board finds that Mr. Ware violated the conditions of a consent agreement issued by the board in violation of Ohio Administrative Code Section 4765-10-03(B)(8), therefore the Board moves to deny Mr. Ware's application for a certificate to practice as an emergency medical technician. Pomerantz first. Jordan second. Fiffick and Holcomb abstained. None opposed. Motion approved.

OPEN FORUM

Tactical EMS in Ohio, Dr. Cunningham and Mark Resanovich

Tactical EMS is a specialty. Not everyone is meant to do it and not everyone is trained to do it. It is for those few select folks who have the desire and the mental and physical knowledge skills to function in this environment. Unlike the regular practice of EMS, tactical providers have to respond to a violent crime scene, disasters, riots, and have the necessary skills to respond and deliver emergency medical care to patients, whether they are civilians, law enforcement or hostages that are trapped in such an environment.

What are the benefits to Ohio? There needs to be a consistency in our response, which we certainly learned after 9-11 and Hurricane Katrina. The federal government is developing a National Response Plan because they realize that we, as an EMS stem, are not limited by the cities, counties and states we live in. There may be times where EMS has to function as a system regardless of where you normally practice or where you live. In view of that, it would benefit the state if we had formal TEMS units to create a defined scope of practice, consistent training and continuing education requirements. It would help us with reciprocity through Ohio and enhance continuing efforts to create statewide inter-operability between our emergency responders and our emergency plan.

Tactical EMS is its own specialty and in the ideal world, Dr. Cunningham would love to see the EMS Board create an actual EMT-T certification so when someone responds and says they're a tactical medic, everyone will know exactly the minimum training requirements of that individual who's responding to the scene.

What happens if we continue as we have been? The bottom line is ignorance is not bliss. TEMS is going to exist in our state with or without our involvement. We see it happening already. The need for TEMS is not going to go away. It's up to the Board whether we want to be part of the problem or part of the solution. By being part of the problem, means we stand back and do nothing, watch it grow in the wrong direction. If we choose to stand back, lack of guidance is not going to create quality in our state when it comes to the sub-specialty tactical EMS. It will result in either poorly trained providers which only increases the risk for not only that provider, but for anyone on scene—the victims, law enforcement officers, etc.

The choice is ours. The Board can elect to protective, progressive and proactive or they can elect to procrastinate about it, or we can start doing our homework. This will exist with or without us. Teams are popping up all over the place where EMS providers label themselves tactical medics. In some areas, they may start contracting with smaller department who can't afford to send their own people. Dr. Cunningham stated that it is important the Board embrace this growing area of medicine in Ohio and take a leadership control, corral it into an arena that we all know what TEMS minimum standards are required and have that type of certification for well trained and educated EMTs.

Dr. Cunningham introduced Dr. Howard Mell of The Ohio State University and hopes he will work with our committee if the Board chooses to move forward with this. OSU has given him the sole mission of developing a training center for TEMS.

Dr. Mell was part of the federal response team to Columbine and ever since has had to sit in front of several senators and argue back and forth as to whether or not the paramedics should or should not have gone in. Dr. Mell has pushed towards having greater development in paramedics operate as SWAT teams.

Dr. Mell said the Maryland experience with TEMS utilized the flight service through the state police department that utilizes paramedics. They took those paramedics who were already full-time police officers, sent them to training, worked with their state medical director in order to develop a set of Protocols, and they became the TEMS. Those officers are primarily there to care for team members, and if a perpetrator is injured, he will be treated second regardless of the severity of injuries.

Currently neither the Department of Homeland Security, CONTOMS nor H & K are providing TEMS training. The state would need to make some decisions on the type of care provided. Would the Board allow for buddy care, where a first responder can have expanded scope within narrowly defined criteria in certain situations?

Many issues were discussed including opposition to having Tactical EMS report directly to a law enforcement officer, possibility of civil immunity, need for close physician oversight, and protecting EMTs even on routine runs in event of encountering disoriented individuals. The question was raised if a TEMS certificate is created, would EMS then need to certify law enforcement personnel acting in this capacity.

Dr. Cunningham said when the Tactical sub-committee existed, members of the law enforcement community were on the committee. We would again include law enforcement on that when forming a committee, but before doing so, we wanted to see if the Board wanted to move forward. Mr. Resanovich said paramedic TEMS providers need to learn more about the law enforcement activity. The goal of the committee would be to have equal representation of law enforcement because they have a very vested interest in this, as this is part of their mission and function, but this will also be part of their liability.

Mr. Marchetta said if the Board takes a step to create a separate certification for this, the Board may be asked for separate certification for Critical Care paramedic because that's already come

up in the past. If the Board starts the process for this, we will be asked for that as well. Dr. Pakiela said he believes this will occur even if TEMS is not created. The International Flight Paramedics Association made presentation to the ACEP EMS sub-committee meeting in Chicago and their goal is to have critical care medic status designated in all 50 states.

Mr. Resanovich said if we don't act, the Board is doing a disservice not only to the people we serve as the responders, but also the citizens. Unless there is a great dissension among us, he thought the committee should proceed and quickly, because there is a lot to accomplish. Mr. Resanovich said that the language will take some time, but if we can get started, he felt we should proceed. If legislation has to be passed, this may be one of those items that Representative Flowers may be open to and get something done before he leaves office.

Ms. Frient stated that any discussions of new legislation would have to be run by John Lang and the Director's Office first. Rather than contacting a specific legislator, we need to ensure that these ideas are approved at the Department-level and above. DPS legislative liaisons could then work on obtaining a sponsor.

MOTION: The Board's TEMS committee of the Homeland Security committee will meet to discuss the creation of a TEMS Certification. Mankins first. Davis second. None Opposed. Motion passed.

STAFF REPORTS

Chair's Report, Mark Burgess

During the retreat, there was great discussion and Board members will be receiving a survey in the email about the retreat. He asked the Board to be honest will the survey is completed as feedback is important.

He discussed the committees and times. In the next few days, he will be working with the staff to generate the committee list and meeting times. These will be distributed to the Board for review and any needed corrections.

Linda Mirarchi presented an initial and renewal accreditation applications which the Board discussed.

MOTION: Approve the modifications to the initial and renewal application forms for Accreditations as presented. First Holcomb, Jordan second. None opposed. Motion passed.

State Medical Director, Dr. Cunningham

Three RPAB applications were distributed. All are renewals. The first is Dr. David Toth who is reapplying for Region III and serves as the chair for Region III. The second is Dr. David Lindstrom, who has served on the RPAB Region IV. The last is Dr. Esther Lutz, who serves on RPAB Region VIII.

MOTION: Motion to approve three RPAB membership renewals: Dr. David Toth, reapplying for Region III and serves as the chair; Dr. David Lindstrom, reapplying for

Ohio Department of Public Safety
State Board of Emergency Medical Services
Date: January 16 – 18, 2008
FINAL

Region IV; and Dr. Esther Lutz, reapplying for Region VIII. Mankins first. Bradshaw second. None opposed. McNutt abstained (Lindstrom) and Graymire (Toth). Motion passed.

Dr. Cunningham attended the National Association of EMS Physicians conference in Phoenix. There were multiple topics that were discussed, including resuscitation measures and door to balloon time.

Dr. Cunningham will be meeting with the Coverdale Stroke Registry, which is a separate stroke study that the ODH is participating in, to talk to their investigators to see if there is any role that Ohio EMS can play.

The Ohio American Heart Association has named a new health Alliance Director, Melanie Arum, and is replacing Stephanie Reed. Dr. Cunningham is trying to schedule a meeting with her in February.

Dr. Cunningham highlighted what Mr. Rucker stressed regarding the distribution of information to Board members' organizations. Obviously during the Retreat, critical issues have been identified and links have been sent electronically to the Board members. Not only do we need to discuss things among the Board, but it is really imperative that Board members communicate the information to their respective organizations so they can respond.

The deadline for comments on the current revisions in the ODH DNR legislation is January 23, 2008.

Principal Assistant Attorney General, Yvonne Tertel

Ms. Tertel thanked both the EMS and the case review liaisons for everything that they are doing on their workload. She has served nearly five months as the Board's AAG and is pleased with eradicating of the backlog of cases that existed. Hearings are on schedule and some have been settled. Disciplinary matters of the Fire Committee will be added to the Board's responsibilities. Some procedural changes might still occur in the meetings to come, but that is an evolving process.

EMS Staff Legal Counsel, Heather Frient

Final fire rules have been filed and will be effective January 24, 2008. They have been given to China Dodley to post on the EMS website. 4765-20-19 and 4765-20-20 had typos in them. Language is supposed to say that a certificate expires "on the applicant's date of birth in the third year of certification", however it currently says "in the applicant's date in the third year of certification". She spoke with JCARR and LSC to request that this error be treated as non-compliance versus us having to pull the rule, refile and have the rules become effective later than the rest of the rules. They graciously agreed to treat both errors as typos. As such, these rules will become effective with the other rules on 1/24/08. However, there will be two different versions depending on where you access the rules. In the actual publications, the rules will show up correctly, but the on-line versions will still have the typo. She is going to talk with Doug Orahood and China Dodley to see if Word versions can be posted on the EMS web site with the correct language.

Ms. Frient updated the Board on a number of bills she has been asked to review lately, not just EMS, but also Public Safety and Homeland Security bills. Two different booster seat bills (SB 27 and HB 320) have been introduced. Joe Stack asked Ms. Frient to look into whether these bills made the failure to use a booster seat a primary versus secondary offense. Ms. Frient stated that SB 27 seemed to make it a secondary offense whereas HB 320 seemed to make it a primary offense. She stated that both GHSO and EMSC were interested how these bills would be enforced. She is waiting to hear back from NHTSA as to how their legal department interpreted either/both bills. If NHTSA determines it is a primary offense, then GHSO may receive additional grant money.

HB 283, the pharmacy board bill, allows pharmaceutical reps and other wholesale companies to donate expired drugs to pharmacy schools. The Board had previously voted to have the Division try and include EMS schools in the bill. Ms. Frient asked the Board whether it wanted EMS schools to obtain *donated* expired drugs (like the pharmacy schools) or just to be able to *use* expired drugs. She noted that the former would create a situation where EMS schools would be competing with pharmacy schools for the same supply. The Board stated that it was only interested in having EMS schools use expired drugs. Dr. Collins pointed out one negative aspect of piggybacking this with the Pharmacy schools: EMS training institutions would be held to the same standard as the Pharmacy schools as far as control of those medications, tracking of those medications, etc. So if the Pharmacy Board were to come in and inspect the EMS schools, they would have to meet certain criteria that perhaps most of them do not hold right now. Mr. Davis said he thought the primary goal of the bill was to be able to use expired drugs for training.

Ms. Frient said she would speak with John Lang again regarding the process of pursuing such legislation. The process has changed from contacting the representative directly to now needing to receive approval from the Director and potentially the Governor's Office. She will also discuss the Tactical EMS with John Lang now and see if this is something that the Director and Governor's Office will approve.

MOTION: Continue to pursue adding language to the Pharmacy Board bill that would allow the EMS schools to use expired medications for training. Pakiela first, Marchetta second. None opposed. Motion passed.

Ms. Frient received an email from a lobbyist for Strategic Health Care whose client is the Plasma Protein Therapeutics Association. They are looking at drafting new legislation that would change some of the requirements for collection of plasma (ORC 3725.05). Current language says that a licensed physician, registered nurse or a medical technologist approved by the Director of Health has to be in attendance at all times when a doctor is undergoing plasma pheresis. They wanted to add an EMT Paramedic to the list. Ms. Frient and the Board discussed the pros and cons of adding a paramedic to the list. The Board was of the opinion that this would put EMTs in a situation where they would be asked to perform services beyond their scope of practice and in violation of ORC 4765.36 (which states that EMTs can only work within a hospital in its ER). If the EMT is working at the hospital, he/she must not be functioning as an EMT. If the hospital or pheresis center wants to use EMT certification as a pre-requisite, that is fine. However, they must not function in their capacity as an EMT. Dr. Cunningham said we

can advise them that in that role, however, that person should not be referred to as an EMT-Basic, EMT-Intermediate, or Paramedic.

Executive Director's Report, Richard Rucker

Below is a list of action items discussed during the Board retreat:

1. The Board asked for a breakdown of each board committee and meeting times for the Board calendar. We have the information; it just needs to be updated and posted.
2. Place Board and Division accomplishments on-line.
3. Educate constituency on the location of Division of EMS news and information.
4. Hold quarterly town meetings in addition to our Board meetings. If they can be held in conjunction with a conference, that would be preferable. [Discussion determined an agenda will be set up for designated time frame, tell them what Board has done, and then have time for open questions. Several Board members should attend when it is in their area, not just Division staff.]
5. Receive a monthly legislation bill analysis and status report from Legislative Liaison. I will follow-up on that with John Lang. Over the last several months, it has been requested of their section to provide this.
6. Adding language to proposed legislature co-sponsored by Rep. Flowers providing tax incentives to volunteer EMS and firefighters. [Aleta added that Board members should e-mail Laura Tiberi with any other opinions they would like to see included in her report.]
7. Revisit the RPAB regional division in charge and define the RPAB role and authority.
8. Raise level of EMS practice to statutory requirement to be provided by political subdivision.
9. Create Tactical EMS certification and language regarding civil immunities in legislation.
10. Determine how to use information gathered to create Grants; resend notes from open forums to Board members.)
11. Hold an open meeting for accredited programs this spring to discuss required national accreditation and EMS training programs (April 2008). Mr. Burgess suggested we wait until we have more information from NHTSA and National Registry so we have more specifics to share.
12. Create a tool kit or see if CoAEMSP has one to help accredited EMS training programs understand the National accreditation process. (After the April 2008 meeting).
13. Draft letters to National Registry and NHTSA to ask for their definition of acceptable national accreditation and equivalent agencies.
14. Formation of a research committee and begin meetings.
15. Place the Ohio Trauma Triage course on-line. (Completed by March 1, 2008)
16. Write geriatric rules for trauma triage and implement them by the fall of 2008. (Two articles for peer review publications – completed.)
17. Complete and review the Model System Planning and Evaluation document (Trauma). Once that is done, at 2009 Retreat, have the national person come and make recommendations based on those findings.
18. Brief Board on state of EMS in Ohio
19. JTTF – Terrorism Early Warning Group should be communicating with EMS and other related organizations. Tom Macklin can assist in Board members and their respective organizations who would like to sign up for this.

20. Vickie Graymire asked that once the Action Items list is completed, will responsibility then be assigned to a committee or individual to do. Mr. Rucker will put together a process on follow-ups and report backs.

For your information, Aleta Dodson, Sue Morris, Ellen Owens, and Melissa Vermillion are working on a numbering system for our motions and action items. In the past, we would have someone call in and ask about a Board motion on a particular item and the only way to find that out is to go month by month through the minutes looking for them. In the future, these motions and actions will be numbered and available if you need to request a motion you're concerned about. Ms. Vermillion said the database has the ability to assign it to a committee or a staff member, and enter the date of execution and finalization.

Education, Lorrie Laing

- **Recommendation of Continuing Education Site Approvals, Lorrie Laing**

Initial Approvals

	Name	Personnel	Contingencies	County
1.	Damascus Twp Fire & Rescue Dept.	Program Coordinator- David Badenhop Medical Director - Chris Goliver MD	None	Henry
2.	Berlin Twp Fire Dept.	Program Coordinator – Sam Reda Medical Director - Curtis W. Ramey MD	None	Delaware
	Total: 2			

ACTION: Motion to approve the above listed sites without contingencies. Mankins first. Collins second. None opposed. Motion approved.

Renewals

	Approval #	Exp Date	Name	Contingencies	County
1.	1189	11-30-2007	Liberty Twp Fire Department	None	Butler
2.	2009	1-30-2008	Somerset Reading Twp EMS	None	Perry
3	2067	09-30-2007	Butler Township Fire Department	None	Montgomery
4.	1212	03-31-2008	Northwest Ambulance District	None	Ashtabula
5.	2072	11-30-2007	Lebanon Fire Division	None	Warren
6.	1208	3-31-2008	Code 3 (Three)	None	Cuyahoga
7.	2220	3-16-2008	Crestline FD Training Center	None	Crawford
	Total: 7				

ACTION: Motion to approve the above listed renewals without contingencies. Holcomb first. Collins second. None opposed. Motion approved.

Expired or Relinquished Programs: Occupational Safety Group, LLC, #2177 expired 12/31/2006, certified mail notice sent.

2008 Statistics: New Programs – 2 #
Certificate of Approvals due to renew in 2008: 157
Renewals –7 #
Certificate of Approvals left to renew in 2008: 153
Reinstatements – 0

Accreditations, Lorrie Laing

Renewals

Approval #	Exp Date	Name	County	Levels	Contingencies
1. 365	11/30/07	Central Ohio EMS Training	Richland	Paramedic	NA
2. 107	11/30/07	Tolles Career & Technical Center	Madison	EMT-B*	NA
3.					

*voluntarily relinquishing First Responder accreditation

ACTION: Motion to approve the above listed renewals without contingencies. Mankins first. Fiffick second. None opposed. Motion approved.

Enter into the record, in the matter of Case #2007-381-308, Pierce Township Fire Department and Life Squad, a signed Consent Agreement for Certificate of Approval #2066 and enter into the record, in the matter of case #2005-95-308, Horizon Technical School of Emergency medicine, Accreditation #373, a signed Consent Agreement for its First Responder and EMT-Basic levels of Accreditation.

Ms. Laing understands there is interest among Board members to attend site visits the EMS Staff. Please contact her directly to schedule a visit in your area. Ms. Dodson will send out Ms. Laing’s email address and phone number. Mr. Fiffick asked if the members attended a site visit, would that affect their ability to vote? Ms. Frient said any member attending a site visit might have to abstain depending on the outcome of the visit. Mr. Rucker said it would be prudent to only have one Board member go on a site visit at a time so as not to overwhelm the site personnel with a large number of people.

Extensions, John Kennington

ACTION: Motion to ratify extensions that were processed for the period of December 1, 2007 through December 31, 2007 as requested. Pomerantz first. Mancuso second. None opposed. Motion approved.

ACTION: Motion to approve the requests for exemptions regarding continuing education for three individuals serving on active military duty during the certification period. McNutt first. Mancuso second. None opposed. Motion approved.

Certifications, John Kennington

ACTION: Motion to ratify the 865 active EMS Certifications issued for the period of December 1, 2007 through December 31, 2007. Jordan first. McNutt second. None opposed. Motion approved.

*****Lunch 11:20 AM – 12:00 PM*****

ACTION: Motion to go into Executive Session for the purpose of discussing proposed disciplinary action against certificate holders which is pending or imminent court action under Revised Code 121.1.22(g)(3) and involves matters that are to be kept confidential under Revised Code 4765.102(b) at 12:03 PM Bradshaw first. Groner second. None opposed. Motion approved.

Roll Call

Mr. Mark Burgess	Here
Mr. James Davis	Here
Ms. Pamela Bradshaw	Here
Dr. Thomas Collins	Here
Mr. David Fiffick	Here
Ms. Vickie Graymire	Here
Dr. Jonathan Groner	Here
Mr. James Holcomb	Here
Mr. Carl Jordan	Here
Mr. John Kubincanek	
Mr. Daryl McNutt	Here
Mr. William Mallory	
Ms. Charlene Mancuso	Here
Mr. Mark Mankins	Here
Mr. Mark Marchetta	
Dr. John Pakiela	Here
Dr. Wendy Pomerantz	Here
Mr. Mark Resanovich	Here
Mr. Michael Senter	
Mr. William Vedra	

*****Board returned from Executive Session at 12:16 PM *****

ACTION: In the matter of EMS Case No. 2007-388-308, the Board moves to rescind the Notice of Opportunity of Hearing and accept the withdrawal of the request for offsite approval. Pomerantz first. Jordan second. None opposed. Holcomb, Fiffick abstained. Motion approved.

ACTION: In the matter of EMS Case No. 2007-328-308, the Board moves to rescind the Notice of Opportunity for Hearing at the EMT-Intermediate level and further moves to renew contingent upon submission within 60 days and prior to the start of a new class, written policies which clearly and accurately reflect the requirements outlined in OAC 4765-7-02 and the curriculum objectives and, signed affiliation agreements for the use of any equipment, not owned by the institution, necessary to meet the skill objectives of the EMT-I curriculum. Pomerantz first. Graymire second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2006-105-304	2007-424-304
2007-228-101	2007-443-304
2007-265-101	2007-447-101
2007-272-101	2007-413-304
2007-286-305	2007-190-303
2007-324-101	2007-410-304
2007-375-101	2007-435-304
2007-391-102	2007-306-304
2007-400-100	2007-406-304
2007-423-102	2007-411-304

ACTION: Motion to accept the Consent Agreements for the above listed cases. Pomerantz first. Groner second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2006-198-402	2007-358-305
2006-218-503	2007-376-401
2006-232-102	2007-389-401
2006-392-101	2007-396-101
2006-410-304	2007-420-101
2007-122-102	2007-429-401
2007-132-101	2007-430-501
2007-160-602	2007-433-401
2007-277-302	2007-437-601
2007-289-101	2007-438-101
2007-327-401	2007-446-102
2007-340-101	2007-449-401
2007-341-402	2007-450-403
2007-351-101	2007-451-402
2007-352-102	2007-460-101

ACTION: Motion to close the above listed cases. Pomerantz first. McNutt second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2005-239-101	2006-119-102
2005-474-101	

ACTION: Motion to close the above listed cases and reopen if the individuals reapply. Pomerantz first. Jordan second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2003-480-101	2005-332-304
2004-55-101	2006-500-101
2004-204-101	2007-174-101
2004-257-102	2007-224-302
2004-325-102	2007-227-101
2005-73-304	2007-235-101
2005-91-304	2007-252-305
2005-92-304	2007-258-101
2005-108-304	2007-271-305
2005-135-101	2007-282-101
2005-210-304	2007-348-101

ACTION: Motion to close the above listed cases. The individuals have met the stipulations in their Consent Agreements. Pomerantz first. Groner second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2005-242-304	
--------------	--

ACTION: Their respective certificates to practice have expired. Motion to close the above listed cases and reopen if reappplies. Pomerantz first. Graymire second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2006-326-501	2007-284-101
2006-521-305	2007-440-304

ACTION: Motion to issue Notices of Opportunity for Hearings for the above listed cases. Pomerantz first. Bradshaw second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2002-38-302	2006-182-305
2004-8-305	2006-200-102
2004-261-101	2006-206-101
2004-272-101	2006-208-201
2004-385-304	2006-297-602
2005-337-304	2006-365-6021
2005-345-305	2006-367-602
2005-415-102	2006-427-304
2005-486-304	2006-475-101
2005-517-304	2007-159-602
2006-5-304	2007-179-304
2006-74-304	2007-213-305
2006-101-101	2007-247-304

ACTION: Motion to rescind the previously issued Notices of Opportunity for Hearings for the above listed cases and reissue a Notice of Opportunity for Hearing. Pomerantz first. Collins second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2006-60-304	
-------------	--

ACTION: Motion to rescind the Notice of Opportunity for Hearing, waive disciplinary fine due to mitigating circumstances, drop back to EMT-Basic and finish terms of Consent Agreement for the above listed case. Pomerantz first. Mancuso second. None opposed. Holcomb and Fiffick abstained. Motion approved.

2007-198-305	2007-439-101
2007-405-305	2007-452-305
2007-409-101	2007-453-101
2007-414-602	2007-455-101
2007-415-101	2007-464-101
2007-416-101	2007-465-101
2007-417-305	2007-467-305
2007-421-101	2007-468-101
2007-422-101	2007-407-101
2007-427-101	2007-473-101
2007-428-101	2007-474-101
2007-434-305	2008-5-305

ACTION: Motion to close the above listed cases for one of the following reasons: inadvertently marked yes to conviction question, misdemeanor convictions which the Board has previously deemed “not involving moral turpitude,” continuing education cases which now meet the requirements, local non-patient care issues, and grandfathering issues of certification/conviction. Pomerantz first. Jordan second. None opposed. Holcomb and Fiffick abstained. Motion approved.

OLD BUSINESS

None was brought forward.

NEW BUSINESS

Mr. Burgess said one of the things the Board is going to work on this year is the review of the Board position papers. All the position papers that the Board has issued over the years will be given to Board members, probably in the next Board packet. At each meeting, the Board will review one or two to see if they are current or need revisions. They need to be up-to-date and accurate as they are posted on the website and our constituents do use them as a form of reference.

Ohio Department of Public Safety
State Board of Emergency Medical Services
Date: January 16 – 18, 2008
FINAL

ADJOURNMENT

ACTION: **Motion to adjourn.** Davis first. Pomerantz second. None opposed. Motion approved.

The meeting adjourned at 12:25 PM