

FINAL

**STATE BOARD OF EMERGENCY MEDICAL SERVICES
OHIO DEPARTMENT OF PUBLIC SAFETY
MEETING MINUTES
August 15, 2007**

Chaired by Co-Chair Mark Burgess

Board Meeting Date and Location: August 15, 2007, Ohio Department of Public Safety,
1970 West Broad Street, Columbus, Ohio 43223

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

Board Members Absent: Mr. Carl Jordan, Mr. William Mallory, Ms. Charlene Mancuso, and Mr. William Vedra

Staff Members Present: Dr. Carol Cunningham, Heather Reed Frient, Yvonne Tertel, Melissa Vermillion, Tim Erskine, Ellen Owens, John Kennington, Doug Orahoad, Alan Boster, Thomas Macklin, Diane Walton, Aleta Dodson, Carol MacDowell, Bob Ruetenik, Sue Morris, Chuck Milam, John Sands, Joe Stack, and Tricia Greenwald.

Guest and Public Attendance: Ms. Laura Tiberi

Mr. Burgess called the August 15, 2007, meeting to order at 10:00 a.m.

Roll Call

Mr. Daryl McNutt	Here
Mr. Carl Jordan	
Mr. Mark Resanovich	Here
Mr. Mark Marchetta	Here
Mr. Mark Burgess	Here
Mr. James Holcomb	Here
Mr. David Fiffick	Here
Ms. Vickie Graymire	Here
Ms. Charlene Mancuso	
Mr. Michael Senter	Here
Dr. Jonathan Groner	Here
Ms. Pamela Bradshaw	Here
Dr. Thomas Collins	Here

Ohio Department of Public Safety
State Board of Emergency Medical Services
August 15th, 2007
FINAL

Mr. James Davis	Here
Mr. John Kubincanek	Here
Mr. William Vedra	
Mr. Mark Mankins	Here
Dr. Wendy Pomerantz	Here
Dr. John Pakiela	Here
Mr. William Mallory	

WELCOME AND INTRODUCTIONS

Mr. Burgess extended condolences on behalf of the Board to Chair Carl Jordan and Emergency Medical Services (EMS) Executive Director, Mr. Richard Rucker. Mr. Burgess introduced Yvonne Tertel of the Ohio Attorney General's Office. She will be the new Board representative from this point forward with Karen Unver's new assignment.

REVIEW AND APPROVAL OF THE JULY 18th, 2007, EMS BOARD MINUTES

ACTION: Motion to approve the July 18th, 2007, EMS Board minutes. Marchetta first. Pomerantz second. None opposed. Motion approved.

OPEN FORUM

No comments brought forward.

Ms. Laura Tiberi of the Ohio Chapter of the American College of Emergency Physicians spoke before the Board on the topic of tactical EMTs and EMS funding.

Tactical EMT

She indicated she has several members interested in tactical EMS concepts ranging from a maximum of an EMT-T designation to the minimum of guidelines for tactical EMS in Ohio. One local police department handed out guns and vests to the emergency medicine residents with no training. She indicated this issue had been looked at approximately five years ago, but did not know the status of that survey or what the results were. Ms. Tiberi would like to resurrect this information and review with the Board and appropriate committees. She has a physician interested in doing an EMS Medical Director course on tactical medicine and would like to work with Dr. Cunningham and the Board and possibly providing such training to the EMS Medical Directors.

Dr. Cunningham stated she served on the tactical sub-committee with Dr. Rogers, but is unaware of where the survey results might be located. Dr. Cunningham said she is a huge advocate of tactical EMS and believes that, within the law enforcement community, it is becoming a standard that law enforcement should not go into elective missions without tactical EMS backup. Dr. Cunningham brought this up at the January 2007 retreat and didn't know if any actions or thoughts had been made by the Board. Dr. Cunningham believes the Division should be taking the forefront of the development of

this because it is happening in the state, and will happen with or without the Division's involvement and guidance.

Mr. Resanovich was part of that committee, which Dr. Rogers spearheaded, and supports resurrecting that committee. There are providers out there who are providing this service. Mr. Resanovich stated he would speak with Mr. Rucker to find out if he has knowledge of where the survey information may be.

Dr. Cunningham stated that she serves as medical director for her local tactical EMS unit. She met with Mr. Rucker, Ms. Reid Frient and members of the Ohio State Highway Patrol, because they have a special response team that is looking at the development of medical direction and protocols. Dr. Cunningham thinks this can be a merged product between SRT and tactical EMS teams. Dr. Cunningham said there are people out there marketing themselves as tactical EMS providers without the proper training. The state's response in a tactical situation is only going to work well if we know the qualifications of the tactical EMS community. Whether it's through an EMT-T certification or standardized courses, we need to know the exact skill level, education and training of those providers that are wearing that badge.

Mr. Burgess said it was something the Board needs to move on and falls under NIMS and fits overall picture of what the state is trying to do for response. He questioned whether this was something that should be a separate committee or is it a part of the Homeland Security committee as a workgroup.

Dr. Cunningham said she spoke with Mr. Rucker unofficially on this and thought that maybe it should be placed in Homeland Security. Dr. C. said she thinks some of the members who are on the Homeland Security Committee also served on the Tactical committee.

Dr. C. also mentioned there is an Ohio State University physician who is interested in creating a tactical training center. Dr. Rick Alcorta, Maryland's state EMS medical director, has a well-developed system. The Ohio ACEP and Ohio Tactical Medical Association are also interested in this. Dr. Cunningham said even though everyone would like to see the survey results that were done in the past, the Board needs to move forward with or without it, or redo it.

Ms. Tiberi currently works with Dr. Rogers on other projects and she was going to contact him and see if he knew where the survey results were at. Ms. Reed Frient asked the Board keep her in the loop regarding potential law changes. Mr. Resanovich said he would get with Dr. Cunningham and Ms. Tiberi and put together a list of people from both the medical and law enforcement community who have a vested interest in this. Mr. Resanovich said it will be tacked onto the Homeland Security committee and meetings will begin in September, keeping the Board abreast of developments. Mr. Burgess said the tactical EMT is moved up on priority.

EMS Funding

Ms. Tiberi referred to a letter from Representative Flowers that was distributed. During a meeting with Representative Flowers on a bill addressing ambulance staffing, he referred to the IOM report, the disaster session, and the current activity in EMS. He asked her to host a meeting since she has the IOM report. Ms. Tiberi then spoke with Executive Director Rucker since these issues, by law, fall under the discretion of the EMS Board. She referred to the National Health Academy's report on the status of Emergency Medical Services in the country and felt it could serve as a useful tool taking into consideration the low and high points and how it applies to Ohio. The Ohio Chapter of ACEP's Board has voted to participate in this. She referred to the IMC 2000, the Governor's Task Force on training for Fire and EMS, and Representative Carmichael's meetings, and said she is not interested in having a roundtable of discussion. She would like to work with a small group of interested parties regarding a handful of areas to focus on. The national and Ohio Chapters of ACEP agrees that in the IOM the Emergency Medical Services is listed as an essential public safety service and as such, such publicly funded and want to come up with a solution for that. The other issue needing looked at is the RPAB. On August 23rd at 2:30 p.m., Ohio ACEP EMS committee will be holding a meeting to come up with a plan for a few meetings on this topic and invited Board members to participate (teleconferencing is available). Ms. Tiberi wants the Board's participation so that whatever is turned in to the state legislature as policy recommendations for the health and benefit of the EMS system in Ohio is coming from a medical standpoint.

The members agreed the meetings should occur after the monthly Board meetings in order to alleviate additional travel.

ACTION: The Board voted to participate with the ACEP to address funding for EMS. Fiffick First. Mankins Second. None opposed. Motion approved.

CHAIR'S REPORT, MARK BURGESS

The Grants Committee will hold an open forum in October to gather information from stakeholders on how to distribute grant funds in reference to the dwindling supply of money. The EMS staff is working on advertising and meeting notices. The committee discussed allotting 3 minutes per person to speak before the Board and have 20 or 30 people to talk, that will make the October Board meeting much longer than normal. It was discussed moving the Board start time to 9:00 a.m., proceed with the committee reports, start the open forum at 10:00 a.m. or start at 10:00 a.m. and continue until the meeting is done.

The Board agreed to start the meeting at 9:00 a.m. The October 17th, 2007 Board meeting is being held at the Emergency Management Agency, EOC Building, Room 204, 2855 Dublin-Granville Road as the ODOT Auditorium was unavailable. A short slide presentation to orient people on the grant process will be shown. Advertisements will encourage people to bring written testimony. More details will be presented at the

September Board meeting. It was brought up whether a stenographic record was needed and Ms. Reed Frient said it was not, and the meeting will be in the minutes. She also said if any letters are sent to the Board, they need to be kept as public records. Mr. Burgess said if anyone had suggestions regarding the public forum; please forward to the Grants Committee.

STATE EMS MEDICAL DIRECTOR'S REPORT, DR. CAROL CUNNINGHAM

Dr. Cunningham presented an RPAB application for Dr. Christopher Gaskins, of Region X for approval.

ACTION: Motion to approve new membership for Dr. Christopher Gaskins of RPAB Region X. Marchetta first. Pomerantz second. None opposed. Pakiela abstained. Motion approved.

The next RPAB Chair meeting is September 12th. Dr. C. asked the Board if they have anything for the agenda to please forward it to her by August 21st as she will be distributing the minutes.

Dr. Cunningham stated that Mr. Rucker asked her to write an article for the EMS Siren to introduce the expansion of the scope of practice to include CPAP. Dr. C. spoke with Ms. China Dodley who is our media contact and a copy was distributed for members review and if there are any changes, please let her know ASAP.

Dr. Cunningham said that directly after the last EMS Board meeting we were faced with a situation where a physician's medical license was suspended, and the Division of EMS was informed via a circuitous path from an EMS agency. This brought forward the issue of notification whenever a physician has an action taken on their license. Dr. Cunningham had to notify the other agencies for which this physician provided medical direction to inform them of the suspension. Dr. C. spoke with the Ohio State Medical Board (OSMB) who said the current language in the consent agreement state the physician must notify any agencies they have a contract with about suspensions. The problem with that is that a loophole is created as most EMS medical directors in the state agreed to be medical directors for EMS agencies on a handshake and there is no formal contract. Dr. Cunningham brought this issue to the Ohio State Medical Board (OSMB) who said they are in the process of revising their consent agreement language that will specifically state that when a physician is a medical director for an EMS agency that they will be required to inform the EMS Board of any action on their license. This will insure no agencies are left uninformed about the issues surround their medical director's license. This revision will be complete in October or November. Once this is in place, the EMS Board will be informed immediately of any action taken upon a medical director's license.

Mr. Davis asked what would happen to an agency in this situation that no longer has an acting medical director; would the RPAB serve as an interim medical director until the licensure issue of that physician is cleared up or until a replacement is found.

Dr. Cunningham said the EMS Agency is responsible to have a medical director; in this case, they were able to find another medical director quickly. In the past, when she has been notified, Dr. Cunningham immediately notifies the RPAB Chair to let them know an action has been taken on that physician's medical license and that they might be contacted by the affected EMS agency. Dr. C. said this should not be the primary action taken by the EMS agency, but it may be exercised on a temporary basis until another medical director is in place.

Dr. Collins said the Board does not have the proper relationship with the medical directors. The Board certifies EMTs, EMS Instructors, and he believes cards should be issued to the medical directors as well in order to have accountability for changes in their licenses.

Dr. Cunningham said the National Council of State EMS Medical Directors has discussed comparing what other states do, and this would require a change in legislation for the EMS Board have the authority to exercise Dr. Collins' suggestion. As the legislature stands, the EMS agency is required to have a medical director and the EMS agency is required to report that medical director to the Division of EMS. We have legislative qualifications for an EMS medical director, but there are no formal certification statutes. All the Board can do is notify the EMS agency that their medical director does not meet the criteria. There are states that do have certification for medical directors. One of the hurdles that would be faced if this happens is some physicians won't meet the state qualifications and we'll need to have some type of safety net for the EMS agency to get obtain a qualified medical director so they can continue to function. Dr. Cunningham agrees this is something the Board should consider and take a look at. If a candidate for medical director cannot afford to take the NAEMSP course, the Ohio ACEP course is free of charge.

Mr. Burgess questioned if the EMS Board has a process in place for notifying agencies for when we are notified that a physician has had action taken on their credentials. He questioned whether there is a timeline or a check-off list for notification in place at this time.

Dr. Cunningham said when she learns of an action against an EMS medical director, she notifies the EMS agency affected and informs them of their options. 1) that they need to find another physician or 2) as a last resort, use the RPAB. Some agencies assumed that Dr. Cunningham, as the State Medical Director, would automatically serve. Since there are a few months before the language is finalized by the State Medical Board, our Board should develop a process on how our Board wishes to manage it. Dr. Cunningham does

not specify a time frame since most agencies have been able to secure another physician quickly.

Dr. Cunningham's concern is that unless an EMS agency finds out through the grapevine that their medical director had action taken against their license, they would be operating under a false assumption that their prehospital protocols and pharmacy license is valid and are not in jeopardy

Mr. Mankins believes something should be in place for these agencies when they discover their medical director can no longer serve them.

Dr. Cunningham said the RPAB is there to serve in the interim, but the service needs to be limited to a reasonable time frame due to liability issues. She also indicated an avenue can be created so that an RPAB can be converted to a community board rather than remain in the capacity of a state agency.

Mr. Burgess asked Dr. Cunningham if she would work with the EMS staff to develop a policy or at least a procedure on how we proceed in such situations.

Mr. Davis questioned if the Ohio Medical Transportation Board needs to be involved in it.

Dr. Cunningham said the medical directors or their licenses do not have anything to do with OMTB, but she said we can inform them of the guidelines once they are set in place.

Ms. Reed Frient asked if this procedure would be done with or without new or revised legislation.

For the interim, Dr. Cunningham said they can come up with a procedure because the consent agreement language changes do not require legislation and should be ready this fall. However, the RPAB legislation was written over 10 years ago, and that is going to be a much longer revision process and needs to involve the RPAB. The process for communicating to the EMS agencies that their medical director no longer has a license is something she can draft herself and present to the Board.

Mr. Burgess said it is definitely needed for the small departments to be able to hand them a set of guidelines and be able to keep them providing service to the community.

Ms. Owens said the Board should also touch base with the Pharmacy Board in terms of their policies. In this particular case, when the agency notified the Pharmacy Board to talk about their drug license, the Pharmacy Board recommended they take everything except oxygen off your vehicle immediately. Ms. Owens felt they needed to talk with the Pharmacy Board about some type of grace period.

Mr. Senter brought up the issued of continuing education sites and their operation in the event of losing their medical director.

Mr. Fiffick brought up the point that the physician might not have a contract, but they might be signing drug licenses for departments.

Dr. Cunningham said that might be considered a written contract and are already required to report that.

Dr. Cunningham addressed the National Scope of Practice Development; they are also developing new national education guidelines and standards. Dr. C. was asked by the National Council of State EMS Medical Directors to represent them at their meeting on September 23 thru 25th, and will provide a report to the Board. While there, Dr. C. will be conferring with Drew Dawson who is Chief of EMS at NHTSA and is attending as well as Dave Bryson of NHTSA.

The ODH Board on the Tiers for Care Committee for Pandemic Flu is trying to determine how to do the triage tag. Three options were proposed and copies distributed to the Board for their consideration. The 2004 Ohio Strategic Plan had accidentally omitted the EMS section. The EMS Homeland Security was mandated to create an annex, which was completed in 2005. Within that annex, the state recommended EMS use the START (Simple Triage and Rapid Treatment) triage system for mass casualty events. We looked at using the START triage colors and adapting them to pandemic flu. The other option would be to add a blue category for palliative care within a subdivision of the black color category. One of the things Dr. C. made clear in the last teleconference was that if we are going to add a category for palliative care, it should not just be for pandemic flu. It should be for any incidents with multiple victims that warrant palliative care. Option 2 adds a blue color category to the triage tag and process to denote patients who will receive palliative care. Option 3 includes a subdivision in the green category to include palliative care patients. Dr. C. tried to get the Ohio Department of Health to think like EMS workers during a mass incident. How many people will they be responding to? How many will they not transport because they will be overwhelmed with transports of reds and yellows? If the palliative patient was in the subdivision of green, they are patients who will not be transported immediately. If Option 2 with the addition of a Blue category is chosen, there will be additional issues of education cost as well as providing a new tag to EMS agencies. The cost of purchasing the tags would be around \$50,000, and that does not include postage costs. Dr. Cunningham said these are the three options and opened it up for discussion.

Mr. Fiffick said he felt Option 3 which would be the easiest.

Mr. Davis did not favor Option 2 and creating another color. The nice thing about how triage systems are set up nationwide is that no matter where you are a provider or coming from or what level you are at, you know what those levels mean. He understands that the

color black isn't always an accepted thing, but it would have to do. He would be remiss to even entertain the thought of adding a fifth color when it is not done nationwide. Option 3 would allow agencies to use the current tag system, and if they want to add something, they could use a marking pen.

Mr. Mankins and Mr. Resanovich agreed on not adding another color. Mr. Resanovich said he would not want to confuse the responders any further than they already would be in a mass casualty situation. Even though black has a negative stigmatism around it, it is truly the appropriate color.

Dr. Cunningham asked ODH consider the actions that EMS will or will not take for palliative care as these are patients for whom EMS should not be called during a disaster situation. Hospice facilities need to be examined to see what kind of surge capacity they have to address this kind of thing. The ODH expected a lot of these patients should be left at home with their families to be cared for which is one of the reasons why they were looking at the green category of being more acceptable because that would guide the patient to either a community health center or home versus the morgue.

Mr. Resanovich said should a mass casualty even occur there would truly be a lot of bad things occurring in society and telling people not to call 9-1-1 for help is not going to work. Right now EMTs get called for everything imaginable, and this will not stop in a disaster. Mr. Resanovich prefers to keep the triage system as we currently have and how it has always been taught, and that black is palliative care, whether it is short term or pre-designated. Mr. Resanovich stated to think that EMS is not going to get called in a pandemic event for these types of patient is very short-sighted. EMTs are going to be thrust into the middle of responding and will have to make decisions and will get a lot of grief from the community.

Mr. Burgess said the triaging may start with the 9-1-1 call with the dispatch because resources will be taxed and EMTs will be unable to respond to all the calls.

Mr. Resanovich said that will work for the first wave because people will become educated on the system, and then you will see how people will work around that.

Ms. Graymire felt palliative care will still fall under the green category because they will not be expiring immediately.

Ms. Bradshaw said she has had to go into nursing homes who should not have called in the first place and she has had to make decisions not to transport because the patient is DNR and is going to die and should not be going to the Emergency Room. She feels it should be black and not green. Ms. Bradshaw said if they are in the green category it does not mean transport to the hospital, they will remain at home or an urgent care.

Ms. Graymire said in some areas there are not urgent cares and they would have to go to the emergency department.

Ms. Tiberi said the problem with the public health officials determining these responses is that they are not the front line responders. This can be compared to mass casualty events that occur every day such as freeway accidents. If anything, additional training could be offered to help the front line responders deal with the decision making process of what color to designate.

After some discussion, Dr. Cunningham said she would take the two options back to ODH, and suggests that they continue with the START triage system, or continue with the START triage system and put palliative care into X category.

Mr. Burgess said the EMS Board recommended the START triage program as the Ohio Strategic Plan and asked if there should also be a motion to support this.

Mr. Resanovich said what has been taught for triage for almost 30 years in EMS it will be black. Green is the color for walking wounded and minor injured patients.

Mr. Davis said it needs to stay as is unless they are prepared to move forward with additional training. He said ultimately in a mass casualty situation, the decision has to be made by the people standing there looking at the patient. It's not always an easy decision and it's easy to be a Monday morning quarterback.

ACTION: Motion to endorse staying with the START triage system Option 1 - black. Pakiela first. Kubincanek second. None opposed. Motion approved.

Dr. Cunningham announced that she will be writing a bi-monthly article for the Journal of Emergency Medical Services (JEMS). Dr. C. will be a columnist on jems.com (not in her capacity as State Medical Director) and the column will be called "Dr. C's Corner". If anyone has any issues or something that might benefit the nation, please let her know. The first article will be on *Geriatric Trauma* and the second one will be on *Funding*.

ASSISTANT ATTORNEY GENERAL, YVONNE TERTEL

Ms. Tertel updated the Board on a case being handled within the Division. A motion was filed by Ms. Karen Unver to dismiss the Appeal based on what was then current case law. In the meantime, the case law was changed with the Hughes case, which basically held the agency to a very strict standard regarding what is called "certification". The court dismissed the case citing the certification was not proper even though until Hughes came out, it was okay. The Court said it did not have jurisdiction, which basically means the case is a do over. (another opportunity to appeal) Other state agencies are dealing with the same issue.

Ms. Reed Frient clarified that the “certification” being discussed was certification to be an EMT provider, but clarification that the adjudication order was a true and accurate copy of the original document. They require a certified seal on the copy. There will be court costs associated with this. The Division will not appeal as it could lead to additional case law. Currently EMS only has one other case that this applies to.

Ms. Tertel said the Division of EMS is not being treated any differently, but it is happening across the board and we are fortunate that we don’t have a lot of cases that fall into this. Ms. Tertel had copies of the case law if anyone was interested.

EMS STAFF LEGAL COUNSEL, HEATHER REED FRIENT

No report given.

EMS LEGISLATIVE LIAISON, EMERALD HERNÁNDEZ

Ms. Hernández provided a spreadsheet updating all the pending legislation. 212 has not moved. Currently they are running on skeleton sessions.

Mr. Davis questioned 249 and it’s relation to EMS.

Ms. Hernández said it is when there is a run and the patient has Medicare and chooses not to be transported, then the agency responding is not reimbursed for their run. This bill is to ensure the responding agency is paid whether or not the Medicare patient is transported.

Dr. Pomerantz asked for explanation on 177.

Ms. Hernández said this bill is a result of a non-English speaking family contacting 9-1-1 to respond to their child who fell into a pond. It took a few minutes to get a translator on the line. When they did, they were asking the family about their insurance before the squad arrived and the family rushed the child to the emergency room themselves. The bill will make sure the patient receives treatment prior to obtaining insurance information.

Dr. Cunningham said their hospital changed their registration process months ago to where the insurance information on the demographic sheet until the physician has gone in to see the patient.

Mr. Erskine of EMS said this bill refers to the 9-1-1 call centers, not the hospitals.

Ms. Graymire asked what the notation at the bottom of Ms. Hernández’s spreadsheet regarding fetal remains was in reference to.

Ms. Hernández explained that the Legislative Service Commission makes requests to their department all the time without them having to divulge what they will be using the

information for. Ms. Hernandez included this information so the Board knows what's being requested by the Legislative Service Commission.

Dr. Cunningham commented that she liked the way the information was presented on the handout. Several Board members concurred.

Ms. Hernandez will be updating the Board every month on the status of bills.

Dr. Collins requested Ms. Hernández walk them through each one as several Board members are relatively new and might not have the history of the bills.

EXECUTIVE DIRECTOR'S REPORT, ELLEN OWENS

Ms. Owens informed the Board that due to the scheduling issues with the facilities the location of the November 14th Board meeting will be held at the Ohio's ACEP Board Room.

The Board Retreat is scheduled for January 16th thru 18th, 2008 at the Bureau of Workers Compensation facility.

Mr. Burgess asked if the staff is going to make hotel reservations for the Board or will each individual need to make their own.

Ms. Owens stated that the reservations can be made for them as long as we know in advance.

Ms. Owens stated that the National Emergency Responder Credentialing (EMS Job Titles) is a part of the national efforts to strengthen catastrophic response capabilities in line with the National Incident Management System (NIMS) FEMA has released updated job titles.

STAFF REPORTS

- **Recommendation of Continuing Education Site Approvals, Ellen Owens**

Initial Approvals

	Name	Personnel	Contingencies	County
1.	Christ Hospital of Cincinnati	Program Coordinator: David Stickel, R.N. Medical Director: Gregory Fermann, M.D.	None	Hamilton
	Total: 1			

ACTION: Motion to approve the initial approval of the above listed site without contingencies. Pomerantz first. Fiffick second. None opposed. Motion approved.

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

Ms. Owens asked if she could add an additional off-site. It was not in the Board packet that was mailed out. It is our rural area with a department waiting for training.

Licking County Career Technical Education Center requesting approval for First Responder and EMT-Basic levels at the Dresden Volunteer Fire Department.

ACTION: Motion to approve the above listed site without contingencies. McNutt first. Marchetta second. None opposed. Motion approved.

Enter into the record the following case in which the Board authorized the Assistant Attorney General to negotiate a Consent Agreement:

In the matter of Case #2007-177-308, Cuyahoga Valley Career Center, Accreditation #109, a signed Consent Agreement has been received for renewal of its First Responder and EMT-Basic levels of accreditation which requires no action.

- **Extensions, John Kennington**

ACTION: Motion to ratify extensions that were processed for the period of July 1, 2007 through July 31, 2007. Collins first. Holcomb second. None opposed. Motion approved.

- **Certifications, John Kennington**

ACTION: Motion to ratify the 1,470 active EMS Certifications issued for the period of July 1, 2007 through July 31, 2007. Collins first. McNutt second. None opposed. Motion approved.

ACTION: Motion to approve the request for exemption regarding continuing education for three individuals serving on active military duty. Davis first. Pakiela second. None opposed. Motion approved.

Mr. Kennington stated that the Division also received a letter asking for exemption. The individual was an EMT-Intermediate back in 2003 when the transition course was put in place for mandatory training required by intermediates to renew. The individual admitted said that at the time he was told by his division that they were not going to change the protocol so he did not see it necessary to take the training. A year or so later that changed and he tried to get into a class and was unable to get into one and was deployed with the military. He returned with three months left in the period in which to be able to take the training and said he could not get into a class. He completed the required transition

course a year after the required date. He has since renewed his EMT-Basic and is requesting the Board exempt him from the time limit requirement and give him back his intermediate card.

The Board stated that the individual would need to take the test for reinstatement.

*******Lunch Break 11:40 a.m. – 12:34 p.m.*******

*******Mr. Kubincanek left at 11:40 a.m.*******

GOLDMAN PROCEEDINGS

Goldman Proceedings were called to order at 12:34 p.m. on August 15th, 2007.

Roll Call

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

A majority of the Board members were present. Two adjudication proceedings were held for EMS Case No. 2006-428-304, Jami M. Bennett., EMS Certificate Number 86732, and EMS Case Number 2006-514-304, Michele R. Smith, EMS Certificate Number 119875.

In lieu of a stenographic record being made, the original sworn affidavits and exhibits will be kept as the official record of proceedings in the aforementioned matter in the Board office.

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. Pomerantz first. Groner second. None opposed. Motion approved.

Since no further evidence was submitted to the Board, the Goldman Proceedings were closed at 12:37 p.m.

ACTION: Motion to go into Executive Session in order to deliberate and make final adjudication and disciplinary rulings in the matter of EMS Case No. 2006-428-304, Jami M. Bennett, EMS Certificate Number 86732, and EMS Case Number 2006-514-304, Michele R. Smith, EMS Certificate Number 119875, by roll call vote at 12:38 p.m. Pomerantz first. Groner second. None opposed. Motion approved.

Roll Call

Mr. Carl Jordan
Mr. Mark Resanovich Here
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Mr. William Vedra
Mr. William Mallory

*******Board returned from Executive Session at 12:42 p.m.*******

ACTION: In the matter of EMS Case Number 2006-428-304, Jami M. Bennett, EMS Certificate Number 86732, the Board finds that Ms. Bennett violated the conditions of a consent agreement issued by the Board in violation of Ohio Administrative Code Sections 4765-10-03(B)(8), therefore the Board moves to

revoke Ms. Bennett's certificate to practice as emergency medical technician. Pomerantz first. Marchetta second. None opposed. Fiffick and Holcomb abstained. Motion approved.

ACTION: In the matter of EMS Case Number 2006-514-304, Michele R. Smith, EMS Certificate Number 119875, the Board finds that Ms. Smith violated the conditions of a consent agreement issued by the Board in violation of Ohio Administrative Code Sections 4765-10-03(B)(8), therefore the Board moves to revoke Ms. Smith's certificate to practice as emergency medical technician. Pomerantz first. Marchetta second. None opposed. Fiffick and Holcomb abstained. Motion approved.

ACTION: Motion to go into Executive Session for the purpose of discussing educational Consent Agreements and Investigation Issues by roll call vote at 12:45 p.m. Fiffick first. Resanovich second. None opposed. Motion approved.

Roll Call

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

*******Board returned from Executive Session at 12:51 p.m.*******

ACTION: In the matter of case number 2007-187-308, the Board moves to rescind the previously issued Notice of Opportunity for Hearing and to reissue the

Notice of Opportunity for Hearing. Pomerantz first. Marchetta second. None opposed. Fiffick and Holcomb abstained. Motion approved.

ACTION: In the matter of case number 2007-278-308, the Board moves to accept the renewal of the EMT-Basic accreditation. The Board further removes to issue a Notice of Opportunity for Hearing for the Paramedic level accreditation and authorizes the Assistant Attorney General to negotiate a consent agreement. Pomerantz first. Marchetta second. None opposed. Fiffick and Holcomb abstained. Motion approved.

COMMITTEE REPORTS

- **Trauma / Data, Tim Erskine**

Mr. Erskine stated that Dr. Crow was unable to attend today, but sent the following notes. Since the approval for the outside funding for the Trauma system planning retreat the leadership of the committee have not been able to meet due to conflicting schedules. The planning of the retreat is expected to start in the next two weeks. The work on the geriatrics trauma triage criteria is nearly completed with the exception of the statistical analysis software package within the next couple of days. So far multiple indicators for direct triage to a trauma center have been found for victims age seventy and up. Once the work is completed the committee will work on recommendations for the Board to consider for changing the triage criteria in the Ohio Administrative Code. Discussions were held on the development of a unique identifier for tracking trauma patients through their care. Preliminary estimates for cost of using uniquely identified arm bands on a patient is a minimum of \$55,000 per year.

It was brought to the committee's attention that West Virginia has designated two level 4 trauma centers that are within reasonable transport times and distances of Ohio EMS agencies. As the centers have been recognized by the State of West Virginia they are also under Ohio Law recognized by the state of Ohio as a proper transport destination for a trauma patient. The two hospitals are Wetzel County Hospital across from Monroe County and Weirton Medical Center across from Steubenville.

Mr. Erskine distributed an electronic copy of the draft of the trauma triage continuing education PowerPoint a few times to the Board and stated that since the last presentation was sent out there was 2 additional slides added to it.

ACTION: The Board approved the contents of trauma triage slide presentation with changes for final stages to be implemented and placed on the web site. Davis first. Mankins second. None opposed. Motion approved.

- **Firefighter and FSI Committee, Doug Orahood**

Web-based testing is working well; close to 1,900 candidates have been tested since March.

The committee will hold a meeting with all program directors of fire charters in Ohio on August 30th in the ODOT Auditorium. The committee will also hold another one day work group session on September 13th at Violet Township Fire Department to take a final look at the fire bill rules. After which members of the committee will meet with the Ohio Fire Alliance tentatively on September 20th, with the hopes of filing the draft fire rules on November 9th. If all goes according as planned we will hold a public hearing December 11th at the regular second Tuesday of the month Fire Committee meeting and finalized by January 24th, 2008.

Mr. Orahood informed the Board that the fire training section will be adding a new staff member sometime in September who will be responsible for conducting site visits around the state for fire charters and working on fire training standards and objectives.

- **Education Committee, Jim Holcomb**

Mr. Holcomb stated that some information was sent in the Board packet some material on 4765-1-7 and said there were several items to add to this before we ask the Board to vote on it so that the committee can continue the process.

01 which is definitions and “V” which is EMS continuing education program we are going to be adding “must relate to EMS operations in or patient care.” That will make it more definitive and still allow a large wide variety of topics that can be used for continuing education.

4765-7-10 we’re adding “E” which states that the Board may take into consideration other relevant factors including but not limited to the following when determining whether to grant a request for reinstatement. “The nature and severity of the acts which resulted in revocation or suspension in the certificate, the time elapsed between the revocation or suspension and compliance with Board orders, Board approved consent agreements and court ordering sentencing.”

The packet has been through rules and legal and asked the Board to vote so that a public hearing can be held at the next Board meeting.

ACTION: The Board approved the document with corrections as discussed in order to file with JCARR and hold a public hearing. Holcomb first. Collins second. None opposed. Motion approved.

On-line continuing education was reviewed by the committee and worked with Ms. Karen Unver and Ms. Yvonne Tertel to redefine it. Some of the sequences were changed

to make it a bit easier to understand and hopefully it will be in September's Board packet in order to have it approved so that we can start the JCARR process for the online continuing education.

Mr. Holcomb said Tri-C has applied to do an on-line hybrid paramedic program in 2008. The committee is reviewing it as a pilot program. Ms. Reed Frient and Ms. Yvonne Tertel will take a look at it and see if we can do that and it will be brought to the Board in September with a start date of August or September of 2008

• **Rules Committee, Jim Holcomb**

Disciplinary action rules 4765-10 have been completed and hopefully will be in the September Board packets as well. Mr. Holcomb reported that the completion of this has become a higher priority in order to present it to JCARR before Christmas break.

Ms. Reed Frient stated since the Board had approved the accreditation rules and 4765-12-05 is an old rule in regards to accreditation of training programs. First Responder rule for accreditation which once the chapter 7 rules are filed it makes sense to rescind 4765-12-05

ACTION: Motion to rescind 4765-12-05 along with the chapter 7 rules.
Holcomb first. Davis second. None opposed. Motion approved.

In order for the public hearing to be held at the October Board meeting the rules will need to be filed by September 14th.

At the next Board meeting, if changes are approved for chapter 10 and the changes to the data rules in chapter 4 and chapter 13, she can file those October 12 and public hearing will be held during November's Board meeting. The fire rules public hearing will be held during the fire committee meeting.

• **EMS-C Committee, Dr. Wendy Pomerantz**

The committee met on July 17th and discussed the EMSC Performance Measures. Several EMS-C committee members are working on facility categorization for pediatric facilities and they will participate in a conference call later this month to begin planning a voluntary categorization system for Ohio. The committee is going to include things such as setting criteria, promotion of the system and creation of consultation teams.

Mr. Joe Stack is currently working with Ms. Tricia Greenwald on developing surveys for collecting data required by HRSA for the EMSC Partnership Grant. These surveys will be very short, and sampling will be used to help reduce the size of the groups surveyed.

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The Ohio Pediatric Disaster Preparedness Subcommittee did not meet in July. The next meeting will be September 14 in ODOT Conference Room B.

Mr. Joe Stack attended a meeting for altered standards of care for children on August 10. This is a subcommittee of the Medical Surge Committee's group that is looking at adult standards.

Mr. Joe Stack also attended the All Hazards Leadership Committee meeting on July 27. The committee advises the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services on disaster preparedness and response issues. They are interested in working on an education program for first responders.

Mr. Joe Stack is planning to attend the Safe Kids USA Conference in Washington, DC, in October.

Next EMS-C meeting is scheduled for September 18th at 12:00 p.m.

- **Grants Committee, Daryl McNutt**

The committee met before the Board meeting and there were two requests for extensions. 1) is from Williamsport and Deercreek Emergency Squad for \$1,600 to complete paramedic training and 2) from Clinton Township Volunteer Fire Department for \$1,000 to complete First Responder training this fall.

ACTION: Motion to grant above listed extensions. Resanovich first. Mankins second. None opposed. Motion approved.

- **Homeland Security Committee, Mark Resanovich**

Mr. Resanovich thanked Mr. John Sands for his persistent pursuit of finishing the EMS portion of the CHEMPACK in spite of the IT problems. Mr. Resanovich stated that he hopes the Board will take the forty minutes it takes to view it on-line and watch the video and PowerPoint.

Homeland Security will be working on some issues that deal with capabilities and also all hazards response for EMS at the same time will be doing the CHEMPACK and, as addressed earlier in the meeting, will be addressing the tactical EMS issues.

While working with the ODH on the CHEMPACK project, three workgroups will be formed to handle the three sections of the project.

Dr. Collins has agreed to head the hospital CHEMPACK workgroup. Mr. Burgess has agreed to take on the added tasks that Executive Director Richard Rucker agreed to take from Mr. William Vedra with the all hazards and EMS response, and the EMT tactical

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issues will be temporarily headed by Mr. Resanovich until someone else steps up and is willing to head that work group.

The committee is waiting for the memorandum of understanding from the Ohio Department of Health for the funding of the hospital CHEMPACK deployment project. He said he felt it would be something that is obtainable and will be able to complete by a June 2008 time line.

Mr. Resanovich asked the Board for approval to add David Gerstner from the Dayton Fire Department area to the HLS committee.

ACTION: The Board approved the addition of David Gerstner to the Homeland Security Committee. McNutt first. Mankins second. None opposed. Motion approved.

- **Medical Oversight Committee, David Fiffick**

The committee met last month and continue to work on developing clear cut guidelines for anyone submitting a research request to follow so that is not leaving the MOC as an independent review board. Such as having it go through an independent review board prior to it coming to the MOC.

Mark Marchetta made the changes in regard to CPAP.

The 12-lead study went out about a week ago with the changes that was requested and have begun to get in replies.

The committee took a look at the Scope of Practice again and wanted to make sure the matrix that is posted on the web site for EMS providers matches what the rules say and found some differences and are in the process of making some changes.

OLD BUSINESS

Mr. Davis said that at the Board Retreat there was a presentation made by Nancy Bechtel regarding some information to barriers to education for the rural areas. There was a couple of recommendations that was made regarding additional funding that was left over from their project and asked that on next month's agenda that she be brought up so we can act on that recommendation.

NEW BUSINESS

No comments brought forward.

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OPEN FORUM

No comments brought forward.

ADJOURNMENT

ACTION: **Motion to adjourn.** Pomerantz first. Resanovich second.

The meeting adjourned at 1:48 p.m.