



**EMERGENCY MEDICAL SERVICES  
MEDICAL OVERSIGHT COMMITTEE MEETING MINUTES  
ODPS, Conference Room 134  
Tuesday, April 19, 2011  
10:00 AM**

**In Attendance:**

	<u>EMS Staff</u>	<u>ODPS Legal</u>
Deanna Dahl-Grove, Chair	Carol Cunningham	
Mark Marchetta, Vice Chair	Ellen Owens	Heather Frient
Michael Cudnik	Millie Pontious	
John Pakiela	John Sands	<u>Guests</u>
Brian Springer	Melissa Vermillion	
Tami Wires		Pam Bradshaw John Kubincanek

Meeting called to order by Dr. Dahl-Grove at 10:15 a.m.

**Welcome and Introductions** – After individual introductions, Dr. Dahl-Grove announced that two new committee member applications will be submitted for approval at tomorrow’s EMS Board meeting. The candidates names are Martin A. Fuller and Allen Young.

**Approval of December 14, 2010 Meeting Minutes**

Committee members proceeded to approve the December 14, 2010 minutes.

**MOTION:** Dr. Pakiela moved to approve the minutes and second by Mr. Marchetta.

**VOTE:** All in favor, none against, no abstentions.

**Committee Members Travel Reimbursement** - Ms. Pontious offered to provide the forms at the end of the meeting. Mr. Sands asked that the completed forms be submitted no later than 30 days after the meeting.

• **Old Business**

1. **Final report SB 58 OVI blood draws 10 Statewide Informational Sessions**

Dr. Dahl-Grove commented that documentation related to this bill had been previously distributed to the committee members. Mr. Sands reported that the ten informational sessions scheduled throughout the state were completed. Representatives from law

enforcement attended these sessions. Mr. Sands stated that this was a good opportunity to discuss the effects of the bill and to get feedback from law enforcement personnel, EMS providers, and the general public.

## **2. 12-Lead EKG On-Line Course Update**

Mr. Sands has been meeting with Tim Bates, ODPS Communications, to try to put this course on the EMS website. ODPS budget restraints have currently halted the installation of this EMS training module on to Lectora<sup>®</sup>. Conversation regarding whether the IT division is going to be able to afford to renew the software contract with Omnipath, the vendor providing Lectora<sup>®</sup>, or elect to utilize another software product. Mr. Sands expects receive an answer with a month from IT and ODPS' contract services regarding the selected software product that will be aligned with the resources available within the budget.

## **3. Final SWOT Analysis for MOC Submitted on 2/2011**

Copies of the final MOC SWOT Analysis report were distributed to all committee members before the beginning of the meeting.

- **New Business**

### **1. State Board of Pharmacy – Protocols and the Administration of Fentanyl**

Dr. Cunningham reported that she had received a phone call (approximately during or around the month of February) from the State Board of Pharmacy expressing some concerns about EMTs using fentanyl in a pre-hospital setting. Dr. Cunningham was not able to get copies of the complaint nor was she able to get the name of the cardiologist that had placed the complaint. Dr. Cunningham was told that a cardiologist had voiced a complaint about the potential dangers of the administration of fentanyl instead of morphine to a STEMI-patient, and felt that fentanyl may kill or cause a poor outcome in these patients. Dr. Cunningham commented that she received a call from Dr. William Marriott, the chairman of RPAB Region II, two days later as he had also received similar complaints about the inclusion of fentanyl on the medication list of "just-in-time" protocols. Dr. Cunningham and Dr. Marriott felt that the addition of fentanyl to their EMS agency drug licenses simultaneously with the implementation of "just-in-time" protocol training in the majority of RPAB Region II probably triggered the State Board of Pharmacy's concern. Dr. Cunningham further explained that many hospitals throughout the state have experienced periodic pharmaceutical shortages, including morphine, over the past two years. Dr. Cunningham replied to the State Board of Pharmacy stating that she would review the issue with the RPAB chairs, discuss it with the Medical Oversight Committee, and take the findings and recommendations from both of these groups to the EMS Board. Dr. Cunningham will address this item tomorrow at the EMS Board meeting. Dr. Cunningham will prepare a letter once the EMS Board gives her direction on this item and reply to the State Board of Pharmacy. The other issue raised by the State Board of Pharmacy is the need or justification for "just-in-time" protocols. A

discussion by the MOC members followed regarding the drug use and “just-in-time protocols” and it was the decision of the MOC to support the prehospital administration of fentanyl and to also support the creation and implementation of “just-in-time” protocols.

## **2. Discussion of First Responder Scope of Practice – Application and Reading of the Pulse Oximeter Equipment**

Mr. Sands reported that the Education Committee had received several inquiries regarding the application and utilization of the pulse oximeter equipment by first responders. Currently, this is not within the Ohio First Responder scope of practice. Therefore, the Education Committee has referred this item to the Medical Oversight Committee for discussion. Questions and comments followed.

**MOTION:** Mr. Marchetta moved to return this item to the Education Committee and ask the Education Committee to include the application and reading of pulse oximeters and capnography equipment within the Ohio First Responder scope of practice and second by Dr. Pakiela.

**VOTE:** All in favor, none against, no abstentions.

## **3. RPAB Legislative Requests**

Dr. Cunningham reported that at the last RPAB Chairmen’s meeting, several legislative issues were discussed. The RPAB chairs wish to recommend to the EMS the addition of language to OAC 4765-3-05 that will create an avenue for physicians who have completed an EMS fellowship and qualified pediatric emergency physicians to serve as medical directors of EMS agencies without the need for a waiver from the EMS Board. The language that the RPAB chairs suggested is as follows:

**OAC 4765-3-05(A)(6): (c) Board certified by a medical specialty board approved by the American board of medical specialties or the American osteopathic association followed by the completion of an emergency medical services fellowship; and, (d) Board certified by the American board of pediatrics or the American osteopathic board of pediatrics followed by the completion of an emergency medicine fellowship program approved by the accreditation council for graduate medical education or the American osteopathic association program and trainee review council.** Committee members suggested that the reference to “completion of an emergency medicine fellowship” be amended to “completion of a pediatric emergency medicine fellowship”.

The RPABs also recommend amending the language in **ORC 4765.16(A)**. Dr. Cunningham commented that under this code section, each course that deals with trauma care **shall be developed in consultation with a physician who specializes in trauma surgery**. Dr. Cunningham commented that this is a problem in rural areas. Mr. Sands commented that this has also been an issue when personnel of the Education Section go out to training institutions and discuss trauma issues. The Education Section personnel always advises training institutions to make sure that trauma instructions are set up under the direction of a trauma surgeon and documented as

such. Ms. Owens felt that this item has been addressed by the Trauma Committee also. Ms. Frient commented that it might be beneficial for the EMS Division staff to have monthly or bi-weekly meetings with the ODPS's legislative liaison in order to discuss legislation that might affect EMS and legislative issues that need to be prioritized and addressed in future legislation. Ms. Owens commented that this might be an item to be included with the strategic plan since there will probably be other issues to be addressed through legislation.

#### **4. Position Paper IV Initiation Without Transport**

Ms. Owens reported that it has come to our attention that nursing homes are asking EMTs to establish non-emergent IV access on patients at an extended care facility without providing transport. Ms. Owens explained that since this question has come up several times in the past, this might be the appropriate time to ask the EMS Board to develop a position paper that can be posted on the EMS website. Dr. Springer commented that sometimes this situation becomes a business decision by the nursing home. Many nursing homes now call for EMS response to initiate the IV before transport. The nursing home does not necessarily want to transport the patient to the hospital for a simple procedure such as IV initiation on a "wait and return" because the nursing home will then be responsible for the transportation of the patient from the nursing home to the hospital and back. There is also the fact that many nursing homes have contract agreements with EMS agencies. The committee continued the discussion of the legal definition of "emergency medical services," and how they relate to services performed before or during any transport of a patient, including transports between hospitals and transports to and from helicopters.

#### **Open Discussion**

On behalf of the Education Committee, Mr. Sands presented the topic of the proposed expansion of the EMS scope of practice to allow EMT-Intermediates to inject lidocaine following the insertion of an IO needle to provide pain control to the patient during an infusion of fluids. Most committee members voiced that it should be used as a means to make the person comfortable.

Dr. Cunningham asked about maintenance of the transfusion of blood and blood products which is part of the national EMS scope of practice for Paramedics. Dr. Cunningham was wondering if this is something that will be included in the upcoming new Ohio EMS scope of practice for Paramedics. Ms. Bradshaw responded that the Education Committee has not addressed the Paramedic scope of practice as of the last committee meeting. Dr. Cunningham added that she has written a draft guideline for this skill in the event that procedure is included in the new EMS scope of practice at the Paramedic level.

Ms. Owens updated the members regarding HB 128 which revised requirements for staffing of ambulances and the priorities for distribution of EMS grants. The Division of EMS is also seeking to include an amendment that will bring Ohio's EMS provider titles

in congruence with the new national EMS provider designations. The bill in which this proposed amendment is included has passed the House and will now go to the Senate. The Division of EMS is not anticipating any opposition.

**Next Committee Meeting**

Tuesday, June 14th, ODPS, 1<sup>st</sup> floor, Room 134, at 10:00 AM.

Meeting was adjourned at 11:50 AM.