



## Medical Oversight Committee Meeting

### Meeting Minutes

May 20, 2008

The regular meeting of the Medical Oversight Committee (MOC) was called to order at 10:05 by Dr. Pakiela.

Committee Members Present: Tom Collins  
Carol Cunningham  
Antonio Lazcano  
John Pakiela  
Wendy Pomerantz  
Gary Richardson

Committee Members Absent: Ross Campensa  
David Fiffick  
Mark Marchetta

Others in attendance: Ellen Owens  
Mark Burgess  
Jim Davis

The meeting was called to order by Dr. Pakiela, Chair at 10:05 AM.

#### **Acceptance of Minutes**

Minutes of the March 18<sup>th</sup>, 2008 meeting were accepted without change.

#### **Interfacility Transfers Draft 3.1**

Dr. Pakiela reported that the Ohio Medical Transportation Board (OMTB) had submitted comments regarding the position paper. There were no requests for change. The Board of Nursing and Board of Pharmacy had been provided a copy of the latest version but had not submitted any additional comments. Mr. Fiffick had provided a copy of the paper to the Ohio Ambulance Association and had reported there were some concerns expressed by the ambulance owners. Version 3.1 incorporates the suggestions made by Dr. Cunningham and Mr. Davis at the last EMS Board meeting. Dr. Pomerantz stated she felt the OMTB was in support of the position but did not feel it was in its jurisdiction. No additions to Draft 3.1 were made by the committee. Version 3.1 will be sent forward to the EMS Board for approval.

### **King Airway**

Dr. Pakiela reported that due to the filing date of the rules, the scope of practice had been changed to include supraglottic airways to cover new devices, such as the King Airway, that enter the market.

### **Addition of Magnets to Local Protocol**

Ms. Owens reported the Division of EMS had received a question from the field regarding scope of practice. The local medical director would like to add magnets to the protocol for rogue implantable cardioverter defibrillator (ICD) and for patients with no rhythm.

The use of magnets is not covered in the curriculum at any level. There was concern expressed in regards to who would determine it was a misfire. The issue of liability was also discussed. It was the feeling of the members present that this was outside the scope of practice for an EMT.

### **Timeline for Changing Scope of Practice**

The issue of timelines for making changes to the scope of practice in the future was discussed. Ms. Owens advised that changes in the scope of practice could be an issue for the schools. Even if an addition did not include a change in state curriculum (as with the addition of 12-lead transmissions by the EMT-B and EMT-I), schools would have to make changes at their level if the local agencies began adding something to their protocols in order to meet their community needs. The committee felt the process should continue as is at this time to ensure timely changes. Ms. Owens stated schools would be given as much advance notice as possible to assist in addressing additions to the scope of practice.

### **Scope of Practice Matrix**

Ms. Owens provided a draft matrix that had been updated to incorporate the changes made in the scope of practice rules. The following items were discussed:

- Replace First Responder / EMT with first Responder and/or EMT through the document
- Replace “chapter” with ”rule” in reference to 4765-6-04 of the O.A.C.
- Incorporate the new position paper on Interfacility Transfers once approved by the Board
- Add the word “any” in front of delay in #3 – pg 2 pertaining to 12-lead
- Spell out BSI on page 4 under Preparatory / Basic Performances
- Ms. Frient will research the difference between “administer” and “dispense” and review Ohio Department of Health rules in regards to request to consider adding “dispense” to the statements under Additional Services on page #4
- Delete section pertaining to routes of medication administration

The updated version will be e-mailed to the committee for review and comment with the intent of presentation at the EMS Board at its June meeting.

### **Rapid Sequence Intubation**

Dr. Pakiela reported the committee had been asked by Director Rucker to look at the issue of Rapid Sequence Intubation (RSI) in light of a recent article. There was concern regarding the medical oversight being provided to EMTs performing RSI.

Dr. Collins was asked to have the Research Committee look at statistics regarding RSI.

It was suggested that the same approach be used as with the 12-lead. If an agency wishes to perform RSI, then the following conditions should be met: ... (i.e. education, QA, indications, contraindications, etc.) It was suggested that a position paper, even if not mandatory, could provide guidance to the local agencies and medical directors.

It was asked if we could determine which agencies are allowing RSI. EMSIRS data would not be all inclusive since all agencies are not reporting. Dr. Pomerantz suggested it would be beneficial to find an agency that is performing RSI to do a study, as was done with the 12-lead.

Ms. Owens will contact the board of Pharmacy to ask if it is possible to obtain a listing of agencies with paralytics on their drug license.

Dr. Pakiela will begin drafting a position paper on the subject. Committee members should e-mail him any ideas or suggestions.

### **Adjournment**

Meeting adjourned at 11:36.

**Next meeting will July 15<sup>th</sup>, 2008 @ 10 am – ODPS – Room 109**