



**EMERGENCY MEDICAL SERVICES  
MEDICAL OVERSIGHT COMMITTEE MEETING MINUTES  
ODPS, Conference Room 134  
Tuesday, June 14, 2011  
10:00 AM**

**In Attendance:**

	<u>EMS Staff</u>	<u>ODPS Legal</u>
Mark Marchetta, Vice Chair		
Michael Cudnik	Carol Cunningham	
Martin Fuller	Ellen Owens	
John Pakiela	Millie Pontious	
Wendy Pomerantz	John Sands	<u>Guests</u>
Bruce Shade	Melissa Vermillion	
Brian Springer	Linda Mirarchi	Pam Bradshaw
Allen Young		John Kubincanek

Meeting called to order by Mark Marchetta at 10:10 A.M.

**Welcome and Introductions** – Individual introductions including two new members of the committee, Martin A. Fuller and Allen Young.

**Approval of April 19, 2011 Meeting Minutes**

Committee members proceeded to approve the April 19, 2011 minutes.

**MOTION:** Dr. Pomerantz 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 and asked that the completed forms be submitted no later than 30 days after the meeting.

- **New Business**

1. **Copy of E-Mail from John Sands and Dr. Cunningham on Nitro Administration by Intermediates**

Dr. Cunningham discussed an e-mail (copy distributed earlier) received through Ask EMS regarding nitroglycerin administration by EMT-Intermediates (EMT-I). Dr.

Cunningham also commented that when 12-lead EKGs are being transmitted, medical direction or the receiving facility may be able to inform the EMT-Intermediates that the patient is having a right-sided MI. Right-sided MI may not be detected in a prehospital setting, regardless of the level of EMT obtaining the EKG, unless a right-sided EKG is obtained.

Dr. Cunningham advised that in prehospital settings, EMTs should be treating the patient and the patient's symptoms. Dr. Cunningham commented that even if an EMT-I administers nitroglycerin to a patient with a right-sided MI and the patient becomes hypotensive, the EMT-I should treat the hypotension with IV fluids in the same manner that they would for hypotension of many other etiologies.

- **Old Business**

1. **Response letter to the Ohio State Board of Pharmacy Regarding Fentanyl and Just-in-Time Protocols**

Dr. Cunningham distributed and discussed a copy of a letter addressed to Kyle Parker from the Ohio State Board of Pharmacy (BOP) in reply to questions raised regarding Fentanyl and the need or justification for just-in-time protocols (discussed and supported by this Committee at our last meeting); and, also discussed by the Regional Physician Advisory Board chairmen (RPABs). The EMS Board also addressed and supported this action at their April meeting.

- **New Business (cont.)**

2. **From the Education Committee, Questions on Revision of Curriculums/Scope of Practice**

- A. Remove word "Endo" from existing Endo tracheal suctioning to just "Tracheal Suctioning" - Discussion; **no change** (retain the term "endotracheal").
- B. External jugular vein for IV access. The discussion focused upon the need for local medical direction to provide the appropriate training, continuing education, and protocols for this procedure and the fact that it is already frequently and safely being performed by EMS personnel. – Discussion; **remain the same**
- C. Advanced-EMT (AEMT) should include laryngoscopy removal of airway obstruction? Discussion; **Expand this element of the scope of practice and add clarity the way that it is described in the rules**
- D. Ventilator management – The discussion focused upon the use of this psychomotor skill in the pediatric patient and upon which age should be considered the upper limit in regards to this procedure. Discussion; **tabled**
- E. Changing AEMT medications list to a more general description instead of citing specific medications. Discussion; **make the medications listed in the**

**curriculum rules and the scope rules match; make the medications more general by citing classifications of medications rather than specific medications as deemed appropriate.**

- F. Changing “supraglottic airway” to “blind insertion airway device?” Discussion; **use the term “extraglottic airway”**
- G. Central lines and Paramedics were discussed and the Committee decided that the scope must be more definitively stated to exclude central line insertion or placement yet retain the ability to monitor and, with local EMS medical direction, utilize a pre-existing central line. Discussion; **only monitoring; use the terminology from the National EMS Scope of Practice Model**

**3. Ask EMS Request From the Greater Miami Valley EMS regarding Basics and/or Intermediates Allowed to Instruct Patients with Tachycardia**

Mr. Sands distributed copies of the e-mail to all committee members. Mr. Sands replied that this would be locally controlled by protocol and local medical direction.

**4. Open Forum**

Ms. Owens asked about items that are being removed from the scope of practice at each level and the effective dates of the rules. Ms. Vermillion and Ms. Mirarchi responded that items being removed under each rule (paragraph) will have a date shown within the rule that will show the effective date the item will become obsolete. Ms. Owens asked if all schools in the state of Ohio are aware that there will be changes to the scope of practice and curriculum. Ms. Mirarchi and Ms. Bradshaw commented that many schools are already teaching the new additional psychomotor skills within the National EMS Scope of Practice Model and are using the new books that include the new standards. The paramedic curriculum is the only level that has not made the transition yet. Ms. Mirarchi reported that the Education Committee is planning to make January 1, 2012 the effective date for all schools to begin teaching the new standards. Ms. Mirarchi commented that the Education Committee will be discussing the NREMT Paramedic renewal requirements at their upcoming meeting on July 7<sup>th</sup>. Ms. Mirarchi reported that the National Registry will require transition (bridge) courses for all NREMT renewals, and Paramedics have until 2016-2017 to complete this requirement.

Ms. Owens wondered if clarification is needed for medical directors to follow list of items that are part of the new national scope of practice (curriculum) and the provision of an explanation regarding the other items that medical directors may authorize and implement in their respective agencies.

Ms. Pontious received several committee members' contact information documents. Ms. Pontious will e-mail the document prior to the next committee meeting for completion by the committee members that have not submitted the form.

**Next Committee Meeting**

Tuesday, August 16th, ODPS, 1<sup>st</sup> floor, Room 134, at 10:00 AM.

Meeting was adjourned at 11:35 AM.