

MEDICAL TRANSPORTATION COMMITTEE MEETING

MINUTES	DATE August 16, 2016	TIME 02:30 PM	LOCATION ODPS SHIPLEY BUILDING CONF RM 1106
ATTENDEES	<i>Committee Members:</i>	Thomas Allenstein, David DeVore, Douglas Wolters, Linda Hines, Lori Mizla, Paul Westlake, Thomas Wappner, Natasha Meinert, Michael Jackson, Amy Haughn, Phill Koster	
	<i>(EMS) Staff:</i>	Mr. Fiffick, L. Smith, M. House, and C. White	
	<i>ODPS Staff:</i>		
	<i>Visitors:</i>		
ABSENT	<i>Committee Members:</i>	Vincent Harris, Lori Mizla, Mark Resanovich, Dudley Wright II.	

A G E N D A T O P I C S

TOPIC	Welcome: Thomas Allenstein
-------	-----------------------------------

DISCUSSION	<p>Meeting Convened at 2:39 PM</p> <p>Review and approval of the June 14, 2016 minutes.</p> <p>Motion to approve the last meeting minutes:</p> <p style="margin-left: 20px;">1st – T. Wappner</p> <p style="margin-left: 20px;">2nd – D. Devore</p> <p>All were in favor to accept</p>
-------------------	--

TOPIC	Ambulance Rules
-------	------------------------

DISCUSSION	<p>Mr. Fiffick Rules Review:</p> <p>Ambulance Rules are at CSI, the 60 days is approaching and will forward to JCARR when they are returned from CSI.</p> <p>Question: Ambulance Staffing</p> <p>Can we have one person on staff at the station at night and when they get a call; go pick up the 2nd person to respond to the call?</p> <p>4766 Current law states: MTO must respond with one permanent ambulance and have 2 EMT's dispatched and respond to the call.</p> <p>Next section states "In order to transport patient ambulance must be staffed with minimum of 2 EMT's".</p> <p>4765.43: states respond with one EMT; transport with 2 EMT's for paid and volunteer.</p> <p>Long open discussion regarding discrepancy between 4766 and 4765 pertaining to the number of EMT's responding and transporting.</p> <p>Suggestion is to leave it the way it is; since we can't change both laws.</p>
-------------------	--

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	Ambulette Rules
-------	------------------------

DISCUSSION	<p>4765-3-13 Driver Training and Qualifications: Discussed the following:</p> <p>Mr. Fiffick referenced the new form for training records. Listing everything that is in the new rule. Need to update the driver license requirements; driver abstracts.</p> <p>Certificate of Insurance – all licensed vehicles need to be listed on the certificate.</p> <p>PUCO uses an E-form; file insurance electronically that keeps track of their insurance and if they are canceled the agency (PUCO) is notified.</p>
-------------------	---

MEDICAL TRANSPORTATION COMMITTEE MEETING

T. Allenstein – Add language “As approved by the Board, with “hands-on training”.
 Mr. Fiffick: Each service needs to provide a list of all drivers.
 T. Allenstein - Do we want to add form for Training Records to include “hands-on” training
 First Aid, CPR, PASS, Drive? this puts the responsibility back on the service.
 All approved.

T. Wappner – Opened the discussion on 4766-15

Mr. Fiffick: Need to add “valid email” for services
 Renewal applications: Different address for headquarters than we have on file
4766-3-16 - Mr. Fiffick: redacting; new language to reference ambulance.
 Mr. Fiffick – Will try to have all updates 2 weeks prior to next meeting. Anyone who has any changes
 Forward to me.
 Paul Westlake will work on forms.
 Vehicle Maintenance Log
 Physicians Statement – Mr. Fiffick will complete
 Training Record – “hands-on” component
 T. Allenstein – Timeline; how much time do we have to file Ambulette rules?
 Mr. Fiffick – Need to have something to the board by December.
 BCI check – Can we add FBI check also? May have a conviction in another state.
 T. Allenstein - Put it in and then we can discuss it.

T. Allenstein Any other discussion?

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	Adjournment
-------	-------------

DISCUSSION	<p>Next meeting is October 18, 2016 from 2:30 PM – 4:00 PM in ODPS Conference Room 1106</p> <p>4:16 PM Adjournment – T. Allenstein 1st motion – D. Wolters 2nd – D. DeVore All were in favor.</p>
------------	---

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	Minutes Approved
-------	------------------

DISCUSSION	<p style="text-align: center;">_____</p> <p style="text-align: center;">XXXXXXXXXX, Chair</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>
------------	--

MEDICAL TRANSPORTATION COMMITTEE MEETING



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

AMBULETTE EMPLOYEE FILES

Use this checklist to track that you have adequate documentation of each driver / operator's requirements as set forth in Ohio Administrative Code (O.A.C.) rule 4766-3-13.

EMPLOYEE INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE INITIAL	DATE OF HIRE
COPY OF VALID DRIVER'S LICENSE* <i>Driver is older than 18 year-of-age.</i> <i>Driver has a minimum of two years of driving experience.</i> * Out of State License is Acceptable			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
COPY OF VALID BUREAU OF MOTOR VEHICLE (BMV) DRIVER ABSTRACT* <i>Abstract is dated no more than 14 calendar days prior to the date of application for employment.</i> <i>Driver has no more than 5 points.</i> <i>An insurance carrier report has been provided in place to the BMV driver abstract.</i> * Abstract and license MUST be issued by the same state.			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
COPY OF CERTIFICATIONS			
CPR Certification	Expiration Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	
First Aid Certification*	Expiration Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	
*Current EMR or EMT Certification is Acceptable			
PASSENGER ASSISTANCE COURSE COMPLETION			<input type="checkbox"/> YES <input type="checkbox"/> NO
COPY OF VALID CRIMINAL BACKGROUND CHECK FROM THE BUREAU OF CRIMINAL INVESTIGATION (BCI) IN ACCORDANCE WITH SECTION 109.572 OF THE REVISED CODE			Expiration Date: ___/___/___ <input type="checkbox"/> YES <input type="checkbox"/> NO
COPY OF PHYSICIAN STATEMENT <i>Driver has no medical, physical, or vision impairments that would affect the performance of the job.</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
COPY OF VALID DRUG TEST REQUIRED PRIOR TO EMPLOYMENT AND POST ACCIDENT			<input type="checkbox"/> YES <input type="checkbox"/> NO
COPY OF VALID ALCOHOL TEST REQUIRED PRIOR TO EMPLOYMENT AND POST ACCIDENT			<input type="checkbox"/> YES <input type="checkbox"/> NO
ID BADGE FIRST NAME, LAST INITIAL / EMPLOYEE NUMBER			<input type="checkbox"/> YES <input type="checkbox"/> NO

EMS 40XX 7/16 [SAN]

Discussion on the Ambulette Employee Files mock-up form. (Shown above).
One typo on the form (Legal Middle Initial) needs corrected.

Copy of Certifications

CPR and First Aid: Add statement - Must have "hands on" component.

Drive Program or PASS is the suggestion

Add under (4) Add Approved course by the board, or PASS or Drive with hands on training.

Mr. Fiffick: Mentioned a company in Columbus; a franchise has their own training program.