

MINUTES
REGION II RPAB
August 14, 2008

Physicians present: Dr.s Brown, Harover, Hawk, Krzmarzick, Marriott, Springer, Vandehof.

Regular contributors/guest present: SPM David Gerstner, Dayton MMRS, EMS, Capt. Hosford, Kettering Fire, Coordinators; Evans, Larch.
Special guest; Ellen Owens, Ohio Department of Public Safety, Division of EMS

Call to order: 0845

Introductions: Those in attendance identified themselves and their positions.

Ellen Owens:

Ellen was given the floor and updated the members multiple issues including;
New RPAB rules
Interfacility Transports
Scope of Practice
RSI which is being looked into by the Medical Oversight Committing
MOLST/POLST

Discussion of Old Business:

ED Backboard Removal Protocol; Going well.

Trauma Triage Guidelines; looking toward the next major revision in order to also revise the Triage Guidelines. We will continue to try to keep SORTS involved.

Rerouting; consultant's findings should be available soon

New DNR/MOLST; rules are still being formulated by the state. Many they were doing MOLST on a regional basis.

EMS/Sports Medicine Symposium and practicum; Dr. Springer reports that there were 30 attendees, and that it was well received.

ET Confirmation; the issue of using the BAAM for primary confirmation, as well as use of the qualitative ETCO2 device in arrest have been addressed by the Standing Orders Committee as per the recommendations of the RPAB.

Patient Care Plans; Dr. Marriott reported that the care plan he initiated for a patient in Dayton has seemed to decrease EMS utilization by the patient with no adverse outcome.

New Business:

Tourniquets and Hemostatic Agents; discussion seemed to show a general consensus that tourniquets are permissible under current standing orders. They have been kept intentionally general in order to allow a variety of hemorrhage control methods. The majority did not believe and hemostatic agents currently have a role in EMS in this region with the possible exception of tactical operators.

EMT Basic Use of 12-lead EKG; It was agreed that the Standing Orders Committee should prepare guidelines for this procedure in keeping with the current scope of practice. Some questioned why the current scope of practice does not allow an EKG to be acquired by the EMT Basic for presentation to the physician on patient arrival if transmitting equipment is not available.

Induced Hypothermia; We reviewed the Wake County, North Carolina protocol. So members questioned whether this intervention is so time dependent as to justify field initiation. It was decided to wait and watch for further data.

Hydroxocobalamin; there was agreement that this is a viable treatment option for cyanide toxicity. However, its inclusion in the EMS drug bag is still quite cost prohibitive.

Revised Scope of Practice Matrix; There are no known inconsistencies with our regional Standing Orders and the current scope of practice.

Open Forum:

MMRS/RMRS; Mr. Gerstner reported on the recent CHEMPACK, and Post Office BDS drills. Duodotes and atropens are now in the drug bags. Hospital and regional caches will be coming soon. He has initiated a Pharmaceutical Advisory Committee. They are discussing planning for proper use of the antiviral cache. When and where to treat seems to be the question at this time.

GMVEMSC Report;

Standing Orders; Only essential revisions and corrections will be made this year. There have been questions as to why the quantity of naloxone was increased to the drug bag. This was in response to a possible increase in the number of heroin related deaths in the region.

House Keeping:

Membership; Currently there are no vacancies on the Region 2 RPAB. Brown, Harover, Hawk, Springer, and Woods all have terms expiring in 2008.

Announcements: None.

Note: This RPAB currently does not provide medical direction for any organizations

Adjourned: 10:33

Next meeting; December 11, 2008

