

MINUTES
REGION 2 RPAB
December 11, 2008

Physicians present: Dr.s Harover, Hawk, Marriott, Royer, Springer Woods

Regular contributors/guest present: SPM David Gerstner, Dayton MMRS, EMS, Capt. Hosford, Kettering Fire, Coordinators; Evans, Long; Lt. Stringer, Vandalia Fire Department. Special guest; Ellen Owens, Ohio Department of Public Safety, Division of EMS, and Chief Colin Altman, Miami Township Fire Department-Greene.

Call to order: 0836

Introductions: Those in attendance identified themselves and their positions.

Chief Altman was given the floor to discuss a proposed tiered response model in which paramedics would respond initially and determine whether that level of care was needed for transport. There were a number of concerns including whether this violated any state requirements, or if this might constitute abandonment. It was the general opinion of those present that the plan as described by Chief Altman did not violate any known state regulation, and likely did not amount to abandonment. Several examples were given where patients are turned over to a lower level of care while in transit. It was agreed that close QI would be necessary.

Old Business:

Rerouting; consultant's findings have been out for a few months. Nothing new to report.

New DNR/MOLST; will possibly be ready for 2010

ETT Confirmation Training Materials; Chief Steve Stein will be placing these training materials on the council website

Hypothermia; there was discussion about possible hospital survey to determine current practice in the region.

New Business:

Spiriva and Ipratropium; concern had been raised by respiratory therapist at Kettering Medical Center at administration of ipratropium (Atrovent) by inhalation as specified in the standing orders may be contraindicated in patients concurrently on Spiriva. However, after consultation with some of the pharmacists involved with the drug bag exchange program, it was agreed that the addition of ipratropium and patient's on Spiriva may not provide additional benefit, but would not cause harm. The members concurred.

EMS Phlebotomy for Evidence Collection; additional discussion and reminder those in attendance that it is outside of the EMS scope of practice to perform phlebotomy for the purpose of evidence collection.

Geriatric Trauma and DNR; Tom Long brought a question regarding how the new geriatric trauma triage guidelines would be applied to those patients with a DNR-CC. It was agreed that the DNR-CC likely supersedes the trauma triage guidelines.

Versed Study; DFD continues to gather data.

Transport to Alternate Care Sites during Disaster; this is an issue that was brought forward as result of the Windstorm/Hurricane Ike incident. There currently is no provision for EMS to transport to in alternate care site. SPM Gerstner will be taking his issue to the standing orders committee in order to hopefully include any section in the training manual regarding the possible use of alternate care sites including the National Center for Medical Readiness ACC. There was also discussion of technology depended home patients. It was pointed out that Dayton Power and Light does not maintain a list of these patients and their locations.

Open Forum:

MMRS/RMRS; SPM Gerstner discussed placement of County WMD caches. He also presented the highlights of the CHEMPACK after action report. The ACEP report is out giving Ohio an overall grade of C. 3 areas for improvement included hospital security, patient tracking, and care of special needs populations. The pharmacists in the region of pointed out that the WMD drugs are not being used for other purposes for which they would be useful such as smoke inhalation and organophosphate exposure. This should be addressed through education via the EMS council.

GMVEMSC Report;

Standing Orders; further discussion regarding field termination in the context of overdose. The members, in general, do not feel this should be a contraindication to field termination. There was concern expressed, however, about the possibility of inappropriate field termination of perfusing or potentially perfusing rhythms with no discernible pulse, a.k.a. "pseudo-PEA". Dr. Hawk pointed out that the Careflight protocol treats a rate of 40 or less differently than faster rhythms particularly if narrow complex. It is suggested that further physician education is necessary, and then a "field term card" summarizing the criteria that can be kept in the telemetry area of each emergency department might be helpful.

QI; they were two esophageal intubations in the region within the last order. Educational efforts or ETT confirmation continue as was noted under Old Business.

All-Member Meeting Report; Ellen Owens was invited to give an update from the All-Member Meeting. She discussed that accreditation of EMS training programs is being discussed. If Ohio wishes to continue to require the national registry, training programs will have to obtain this accreditation. Telemedicine for CVA particularly in the rural areas is being considered. CHEMPACK training is scheduled for the spring of 2009. There is still ongoing discussion regarding the wording of provisions that allow for EMT-B's to participate in medication delivery during a mass casualty event. This seems to center on the use of the word "administer" versus "dispense".

House Keeping:

Action Items: Hospital Hypothermia Survey
Field Termination Card
Use of WMD Drugs

Membership: Currently there are no vacancies on the Region 2 RPAB. McIntosh's term expires in 2008.

Announcements: None.

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

Adjourned: 10:30

Next meeting; February 12, 2009