

Region 7 RPAB Meeting
September 19, 2007
10 AM
Dunlap Memorial Hospital
Orrville, Ohio
Minutes

1. The meeting was called to order at 10:10 AM. Those in attendance were: Eileen F. Baker, Kobie J. Brooks, Lori Josefezyk, Laurie Weaver, Steve Kelly, Debbie Pisciotte, Joseph Bocka, Jim Steed and Tony Lazcano.
2. The minutes from the May 16, 2007 meeting were read and approved as written.
3. **NIMS Job Classifications**

FEMA has released classifications for EMT, EMTR, EMTP and EMS Physician. These are available on the FEMA website. Physicians are supposed to have disaster management training 100, 200, 700 and 800, which are available on-line. Levels 300 and 400 are desired and require classroom time. Several people in attendance noted that the latter two courses can be time-consuming and difficult to complete.
4. **EMS Grants**

EMS agencies are invited to present grant proposals at the State EMS Board Meeting on October 19, 2007. Funding is going down due to a decline in seatbelt fines. Dr. Bocka commented that grant funding for CPAP machines and the RAD-57 monitor (which includes CO monitoring) have been successfully requested in the past.
5. **CHEMPACK**
 - A. An educational video is available on the Ohio Hospital Association website and on the Ohio ACEP website. Hospital administrators should review the video and make it available to their emergency physicians. The ACEP website is a secure site.
 - B. Each hospital is to develop a CHEMPACK deployment plan.
 - C. Regional deployment plans also must be developed. Three representatives per CHEMPACK region, from EMS, law-enforcement and medical are needed. Please note that the CHEMPACK regions differ from the RPAB regions. Those interested in volunteering as a regional representative should contact Mark Resanovich. The training website is: <http://www.ems.ohio.gov/CHEMPACK.asp>.
6. **Ohio Trauma Triage**

EMS providers need two hours of trauma triage training per certification cycle. Failure to comply by January results in a suspension of license. There is CE available online at the State of Ohio EMS website.
7. **EMSIRS-2**

The beta test version is now online. The new version in its final form will be required to be used by all EMS agencies in Ohio. Users of third party software will be

required to use EMSIRS-2 within two years. The program requires outcome data for ED and hospital dispositions. This information is difficult to get now, because hospital attorneys have differing views on what kind of data can be given out under HIPPA.

8. CPAP and the Ohio EMS Scope of Practice

Use of CPAP by EMTs of all levels has been approved. CPAP is the non-invasive positive pressure ventilation method of choice for patients presenting with acute respiratory distress. EMT-Basics may continue to administer CPAP or BiPAP to patients on their own machines. *Initiation* of BiPAP is reserved solely for EMT-Paramedics. RPAB members noted that there must be a strong emphasis on training to prevent aspiration and to assure that positive pressure ventilation is not started on patients who are vomiting, with agonal respirations or who have asthma (which may be worsened by positive pressure). Dr. Bocka noted that is more cost-effective for squads who use the CPAP more than 15 times per year to use a permanent unit. Squads with less than 15 patient uses per year are better served by a disposable unit.

9. Disaster Planning

- A. Update on Pandemic Flu Planning
- B. Altered Standards of Care

People are upset by the use of Black tags for expectant palliative care patients. Some have proposed that we use Blue tags for these patients, as is done in Canada. This is not a national standard of care and could lead to confusion in the event of mutual aid from other states. Discussion is on-going.

10. EMS Medical Direction

A. EMS training for Tactical EMS is being re-thought. More training is likely necessary. Volunteers to be a part of this process are being sought. Please contact Dr. Cunningham if you are interested.

B. Revision of RPAB legislation: Region 7 has notified Dr. Cunningham of our suggestions. If you have any other suggestions, feel free to contact her.

11. Loss of EMS Medical Director

A draft document has been written to address the need for RPAB regions to provide medical direction in the event that a squad loses its medical director, unexpectedly. It is hoped that the RPABs will serve only as a last resort. Dr. Lazcano expressed his opinion that such medical direction should not be provided free of charge. He pointed out that a large squad or one with complicated medico-legal issues could become burdensome to the RPAB members. He has notified Dr. Cunningham of his concern.

12. Geriatric Trauma

Trauma patients are referred to as “geriatric” if they are over 70 years old. There is a Geriatric Trauma Task Force. Contact Dr. Cunningham if you are interested.

13. **All-Member RPAB Meeting**

The All-Member meeting will be held at **1pm on November 15** in room 134 at the Ohio Dept. of Public Safety.

The RPAB Chair meeting will be at 10am.

I would like to try to have the **Region 7 meeting at Noon**, in the cafeteria, but we can have it after the All-Member meeting, if necessary. Please try to arrive at noon, however, so that we won't have to stay late!

14. **Open Forum**

Dr. Baker announced her intention to step down as RPAB Chair at the end of 2007, due to time constraints in her schedule. She hopes that members will be prepared to elect a new Chair at the November meeting or in March, when the next regional meeting will likely be held.

15. The meeting was adjourned at 10:59 AM.