



**Tactical EMS Committee Meeting**  
**Meeting Minutes**  
**April 15, 2008**

**Committee Members Present:** Mark Resanovich, Chair, Carol Cunningham, John Kubincanek, Howard Mell, Bob Neidhardt, John Pakiela, Steve Rosta, Drew Stephens.

**Division of EMS Staff Present:** Richard Rucker, Robert Ruetenik, Ellen Owens, John Sands, Heather Reed

The regular meeting of the Tactical EMS (TEMS) Committee was called to order at 3:28 PM by Mr. Resanovich.

Mr. Resanovich welcomed Steve Rosta from the Ohio State Patrol to the committee. Mr. Rucker is continuing to work on bringing additional law enforcement representatives to the table. It was suggested that Dr. Donald Locasto also be considered for the committee. Dr. Locasto has been working on the development of a program, supported by a federal grant.

Motion by Dr. Mell, seconded by Dr. Stephens, to accept the minutes of the March 18, 2008 meeting. Motion carried.

Dr. Cunningham reported that she and Mr. Rucker met with ODPS Director Guzmán this morning. The concept of TEMS was discussed and is fully supported by the Director. Director Guzmán would like for this to be on the fast track. He will present the concept to the Governor.

Dr. Stephens distributed information on the 75<sup>th</sup> Ranger Regiment Trauma Management team. The program was just revised last year and increased to 26 hours. The material distributed is only a portion of the handbook, but includes the table of contents to show what the course encompasses.

Dr. Mell provided information on the Tactical Operator Care (TOC) courses provided by the Medical College of Georgia Center of Operational Medicine. The program provides three levels of training: TOC1 is a two day course; TOC2 is a four day course; and TOC3 is a 5 day course.

Mr. Neidhart distributed a Tactical Medicine Medical Director Model obtained through Dr. Lawrence Heiskell with the International School of Tactical Medicine in California. The model outlines recommended educational requirements and role of the medical director of a TEMS group. California is in the process of doing the same thing as Ohio, but may be a little further along. California hopes to have a final recommendation by the end of the year.

Dr. Mell asked about the role of this committee after the preliminary work was done. Would the committee continue to address issues that come up – such as reciprocity? Mr. Rucker stated he felt the committee or some portion of the committee would continue to exist for an extended period of time.

Mrs. Frient asked if the intent was to require all individuals to compete the Ohio course once established or would some be handled on a case-by-case basis. Dr. Mell indicated he felt there would be limited numbers and it should be a case-by-case basis. Mrs. Frient stated there would be liability issues to take into consideration if Ohio establishes a course and uses that course as the standard.

The issue of medical directors of TEMS units was discussed. It was felt that we need to focus on EMS at this time. The further we get into the issue of physicians, the more difficult it will be to get legislation through due to the involvement of other groups. We can make recommendations regarding physicians, but our authority lies only with the EMT.

It was suggested we look at feasibility of establishing an entry level TEMS which does not require any prerequisites, to encourage law enforcement to get involved. The course would provide medical training specific to the needs of a TEMS responder.

It was reiterated that any new levels of training will require a testing mechanism that can be validated and defended.

It was asked if the intent was to create a new scope of practice for each level of EMT in Ohio. The committee felt it would not be a change in scope, but rather a change in the standard of care. For example, the steps taken by an EMT who has a patient on the street with profuse bleeding would be different than the steps taken by the EMT in a tactical environment.

Mr. Resanovich asked all members to use the Georgia TOC model and the Ohio Scope of Practice Matrix to determine what the scope should be for each level. Level 1 would be a first responder level, Level 2 would include EMT-Basic and EMT-Intermediates, and Level 3 would include the Paramedics. At the next meeting each individual's response would be posted and compared.

Mr. Resanovich asked that each group bring concrete ideas to the next meeting.

Meeting adjourned at 5:06 pm.

**Next meeting: May 20, 2008 – 3:00 pm – ODPS Rm 134**