Tactical EMS Committee
Meeting Minutes
October 20, 2008

Committee Members Present: Mark Resanovich, Chair; Dr. Carol Cunningham; Dr. Howard Mell; Lt. Steve Rosta; Dr. Drew Stephens

ODPS / Division of EMS Staff Present: Heather Reed Frient; Chuck Milam; Ellen Owens; John Sands

Others Present: Chief MarkBurgess, EMS Board Chair; Michael Grossman, Mifflin Twp F.D. / Gahanna SWAT; Trooper Matt Ruth, O.S.P; Daniel Coyle, North Olmsted F.D. / Westshore Enforcement Bureau

Call To Order:

The meeting of the Tactical EMS (TEMS) Committee was called to order at 9:20 a.m. by Mr. Resanovich.

Mr. Daniel Coyle was welcomed to the meeting. Mr. Coyle is with the North Olmsted Fire Department and the Westshore Enforcement Bureau.

Mr. Resanovich provided an overview of the development of his local TEMS course and showed a video of the last in-house training. Mr. Resanovich reiterated the concept of the course was not to teach EMS skills – if they didn't already have those, they shouldn't be in TEMS training.

Mr. Coyle raised the issue of funding for training and equipment, reporting that fire sees it as law enforcement training and law enforcement sees it as an EMS/Fire issue. He advised there was a need to get someone sitting at the table to speak for TEMS training when distribution of Homeland Security funds are being discussed.

Mr. Resanovich brought the discussion to training of Tactical EMTs, indicating there were three options – train them to work in the cold zone, where they weren't particularly effective if needed; train them to work in the warm zone, at the IC or tactical command post, where they would be closer, but would still need to get to the patient; or train them to work in the hot zone as part of the team where they would be available to provide immediate care but would also be in the most dangerous situation. Mr. Resanovich advised he felt the goal was to train the TEMS provider to function in any of the above situations. The final determination of how the TEMS provider integrates with the team would be a local decision.

It was suggested the TEMS provider should be trained to function at the highest level. This would be in line with how the scope of practice is handled for the Paramedic. A Paramedic

is trained to a certain level, but must follow local protocol even if it is less than their level of training.

The issue of identification of TEMS providers at the scene was discussed. It was agreed, the identification needs to be simple and easily recognizable. A form of photo identification would be preferred.

Mr. Coyle asked about the arming of medics. He was advised the determination of whether medics would be armed or how medics in the hot or warm zones will be protected will be a local issue.

Discussion followed on how information regarding the training and scope of practice of TEMS providers could be distributed to tactical commanders.

The committee broke for lunch at 12:00 and resumed meeting at 12:30 p.m.

The draft of the Mandatory Tactical EMT Scope of Practice was distributed for further discussion –

Tactical Patient Management:
Forensics of penetrating trauma and forensics of explosive trauma and blast injuries would just be an overview covering specifics of the tactical environment; Physical restrain techniques and devices will cover law enforcement devices.

Tactical Operations:
Delete Medicine across the barricade as it is included under Tactical Patient Management.

Tactical Medical Management:
Deleted Cyanide antidote administration; Non-emergency controlled medication administration for the tactical team management of sleep/awake cycles; Post-mission administration for prevention or treatment of non-WMD infectious agents; dropped Intravenous from Intravenous chemical restraints with discussion that these would be addressed as "for patient safety" and included benzodiazepines / antipsychotics; added sub-topic for preventative medicine to include team member medical card assessment, exposure assessment and team wellness. Mrs. Frient was asked to look into the issue of liability in regards to the "distribution" of over the counter medications by the TMES provider.

Tactical Trauma Management:
Deleted anesthesia blocks but changed local anesthesia administration to pain management including local anesthesia administration and dental blocks; deleted minor wound management (wound exploration, closure) and replaced with suture ligation for hemorrhage control.

Legislative Immunity Requirements…
Mrs. Reed to work on language for altered triage, treatment and transport criteria in Tactical Combat Critical Care, preferably sticking to the current "willful and wanton" language currently in law; Indemnification for the determination of medical competencies… and Indemnification for voiding treat and release requirements… were deleted. Instructor immunity and related issues to be added.

The discussion turned to the development of the training program. Mr. Coyle provided information on a program out of Georgia which included skill stations, performance objectives and instructor guidelines.

In regards to testing, Mr. Resanovich advised there were two options: leave the testing to the local school or establish a state exam to include both a written exam and a practical exam which could be administered at the school level.

For the next meeting, Mr. Resanovich asked that committee members bring copies of any TEMS curriculums they have to be reviewed. Mr. Sands and Mr. Milam were asked to look into what would be involved (time and cost) to develop an exam. Mrs. Frient was asked to begin a rough draft of legislation for the areas already discussed (i.e. scope of practice and immunity). The physicians were asked to start thinking about TEMS medical director qualifications.

The meeting was adjourned at 3:00 p.m.

Next meeting: November 18, 2008 – 3:00 pm – ODPS Rm 134