MINUTES

RPAB Region 3

October 13th, 2022

Physicians present: (Members in bold) Dr.s **Augustine, Amburgey**, **Brown**, Guest, **Hawk**, **Huebner, Krzmarzick, Marriott**, **Robinson**, Shecter, Travers

Regular contributors/guests present: Balcam, Chief Bizzarro, Burdick, Deere, BC A.Follick, Chief C. Follick, SPM Gerstner, Kaeff, Chief Knisley, Konkel, President Marker, Morrett, Rike, Lt. Shanahan, Sheridan, Thornton

Call to order: 0830 at the WSU Dept. of Emergency Medicine Offices and via WebEx;

**Standing Orders: Chief Russell**

Geriatric dosing sedatives and analgesics will be at 50% of the specified adult dose.

Removing vecuronium from the RSI protocol.

There were State changes to the trauma triage definitions; death and compartment definition of difficulty breathing.

i-Gels are now available through the Kettering network for hospital exchange. Dr. K has no objection to them being used in pediatric patients. Dr. Huebner spoke of positive military experience.

The pediatric dosing for cyanokit needs to be clarified. This mainly involves the logistics of the drip rate with the current sets available for exchange.

President Marker and others would like to see a Handtevy or equivalent program be available for the region. Funding may be the limitation.

Field term and drug bag exchange; agencies should whenever feasible exchange their drug bag at the facility that granted the field term. This may not be possible if the MCP was at a hospital not participating in the DBEP.

Midazolam dosing will go from 2 mg to 2.5. Pediatrics will have a maximum dosing up to 2.5 mg. IM dosing will go to 5 milligrams.

There was discussion regarding the allergic reaction protocol and whether a medic has the discretion to only give diphenhydramine for reactions or even to give diphenhydramine and treat and release. The opinion of the board was that the protocol should be implemented as written.

**Old Business:**

Trauma Systems and SORTS; NTR

DBEP; Dr. Augustine; D10 solutions are available but D50 may not be available until 2023 at the earliest. Lidocaine is another drug expected to be in shortage. There will be a drug license update in 2023.

Community Paramedicine and Research; PM Harris welcomes suggestions for any new areas of investigation for the Research/Community Paramedicine Committee to pursue. She stated that many departments are adding CP programs and members to the committee.

Ohio CARES; Dr. Augustine and Chief Judge have been investigating auto entry for CARES if possible, there may be costs associated with this. Funding is limited.

Legislative; Discussion reminder that CMS rules now require EMS reports to name the person accepting or assuming care in the hospital. Physicians including residents can sign.

115; Dr. Leslie Dye is the main point of contact at 115. Dr. Lester will be leaving. They are not accepting EMS transfers yet. The protocol developed and refined by the CP/Research committee is in place. Some PD crews have taken patients to 115.

Dispatch Centers; Power Phone may be implemented January 2023 at the RDC. Chief Knisley reported that Huber uses an in-house system. The verbiage has been changed from “can you start CPR” to instructing them directly to do so. There is also a provision for beginning CPR in place such as in a bed if the patient cannot be moved by the caller.

Pandemic; NTR

New Medical Director requirements; Chief Knisley has been working with the OFCA regarding new medical director requirements. The Chair also reported that Dr. Cunningham, State EMS Medical Director, has advised not to make changes until the final rules have been implemented.

**New Business:** NTR

**Open Forum:**

Region 6; NTR

GMVEMSC; Post-cycle testing; the process has been streamlined and the required documentation will be online.

MMRS/RMRS; Ebola outbreak is occurring in Ghana. See [www.daytonmmrs.org](http://www.daytonmmrs.org). QTD November 30th- December 1st. MMRS Annual Steering Committee Meeting November 8th.

Adjourned 1007