MINUTES

RPAB Region 3

February 8th, 202

Physicians present: (Members in bold) Dr.s **Amburgey**, **Augustine**, Finnegan, **Huebner**, **Krzmarzick, Marriott**, **Robinson**, **Springer**

Regular contributors/guests present: Balcom, Capt. Bruggeman, Burdick, M. Clark, Capt. Deere, Chief A. Follick, SPM Gerstner, BC Guadagno, Jackson, Jefferies, Konkel, Capt. Meyer, Miller, Pearson, Phillips, Pullium, BC Russell, Senseman, Shanahan, Sheridan, Thornton

Call to order: 0831 at the WSU Dept. of Emergency Medicine Offices and via Webex.

**Standing Orders:**

Formatting; the new version is out.

Stroke; assessment will include elements of BEFAST. The protocol refers to “thrombolytic” generically. Protocol will allow for “local” protocols in conjunction with the local receiving stroke center.

Drug administration time; will be uniform unless clinically indicated or otherwise stated. The protocol supersedes information in the formulary.

Shock and fluid; epi can be initiated when 1 L or a bolus is complete. Will remove the “call for” to start norepinephrine. Will continue to encourage notification of hospitals when transporting suspected sepsis cases.

EMTs can now draw up epi from a vile for administration. Will require specific approval of medical director for the first year, a protocol, and training.

IM versed for cardioversion will be removed. Ketamine 25 to 50 mg for unstable patients requiring cardioversion.

DSD or vector change will be included as options. “Refractory VF” is three shocks without cardioversion.

Dr. K reported on pediatric cyanokit use after conferring with his Pharmacy team. Resolved.

**Old Business:**

Trauma Systems and SORTS; The trauma triage guidelines are reviewed annually along with the overall standing orders review.

DBEP; Will be eliminating most EpiPen with the goal of removing them all by June of 2025. dr. Augustine recommended “Epi kits” to provide a smooth transition. Please report tag or seal damage, but do not use the discrepancy form to do so There was a discussion regarding whether “for profit” agencies should participate in the drug bag program. Drug shortages include epi 1:10,000 and verse said. Ketamine is also in shortage with some drug bags not having it.

Community Paramedicine and Research; DFD/PH community paramedic program is beginning to use EPIC secure chat to facilitate referrals.

Ohio CARES; NTR

Legislative; Jennifer Mason has retired. The Chair position is unfilled.

115 and Montgomery County Crisis Receiving Center; NTR

Dispatch Centers; NTR

New Medical Director Requirements; NTR

LE and Transport of Persons Involuntarily Admitted (“Pink Slipped”); Meeting planned.

Field term and exposure; Exposure after field term; will be treated as exposure from an “unknown source” for now. Question was asked whether rapid HIV testing might be available at the agency level and whether this could be CLIA waived.

**New Business:**

Ketamine use is down possibly from legal concerns. Will monitor.

There have been suggestions that EMS obtain a signature from the receiving physician when an advanced airway has been placed. This would promote an opportunity for feedback.

**Open Forum:**

Region 6; NTR

GMVEMSC; Chris DeLang was named paramedic of the year. Recently retired DFD Director chief Jeff Lykins was the firefighter of the year. WFD had a recent Pharmacy board inspection. A CMS site audit was reported in our region as well.

MMRS/RMRS**; Mr. Gerstner**; Juvare transition; information is not being passed to EMS crews in the same way as the older system as some dispatch centers of not signed up for Juvare or fully implemented feature such as notifications. Job aids are being created to try to overcome some of the multiple issues. Measles; both agencies do not require immunizations, however, EMS programs typically do.

Eclipse April 8th; preparation continues.

Adjourn; 1028

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