CRITICAL CARE SUB-COMMITTEE MEETING & MEDICAL TRANSPORTATION COMMITTEE MEETING
MICROSOFT TEAMS MEETING

STATE BOARD OF EMERGENCY MEDICAL, FIRE AND TRANSPORTATION SERVICES
OHIO DEPARTMENT OF PUBLIC SAFETY

MEETING MINUTES
Tuesday, October 20, 2020

Committee Meeting Date and Location: Tuesday, October 20, 2020 Ohio Department of Public Safety

Committee Members Present: Tom Allenstein, Kent Appelhans, Dave DeVore, Amy Haughn, Daniel Heuchert, Ruda Jenkins, Linda Hines, Robert Martin, Robert Norton, Natasha Meinert, Robert Norton, Julie Rose, Doug Wolters, Dudley Wright

Committee Members Absent: John Bichard, Tristan Coomer, Vincent Harris, Mark Resanovich, Diane Simon, Jerry Winkler, Ryan Sullivan

DPS and EMS Staff Members Present: Dave Fiffick, Stephanie Ferguson, Linda Smith

Visitor:

Welcome and Introduction – Mr. Allenstein brought the meeting to order at 1:06 p.m.

Mr. Fiffick - Recommends removing Tristan Coomer from Critical Care Sub-Committee, bringing the member total to 12. Medical Transportation has 15 members. As a reminder, to those who have not sent their applications, please do so.

Approval of Minutes:

Mr. Allenstein asked for a motion to approve the December 17, 2019 meeting minutes for Medical Transportation and Critical Care Sub-Committee. The minutes approved as written.

**ACTION:** Motion to approve Medical Transportation Committee Meeting minutes from December 17, 2019. Ms. Hines – First. Mr. Norton – Second. None opposed. None abstained. Motion approved.

**ACTION:** Motion to approve Critical Care Sub-Committee Meeting minutes from December 17, 2019. Ms. Jenkins – First. Ms. Meinert – Second. None opposed. None abstained. Motion approved.
Committee Members: None

Pacific Medical Training: CPR and First Aid

Mr. Fiffick - presented information about Pacific Medical Training, they offer ACLS, PALS pediatric, many different kinds of training. CPR course offered virtually, you contact them and they will find someone to do the hands on portion with you or they will provide you with a form in which the instructor that did the hands on portion signs it, then Pacific signs off on it.

Discussion:

Mr. Allenstein – Where does education sit with this, is it our group that approves?
Mr. Fiffick – The basic first aid is virtual and no hands on, the cost is $65.00
Mr. Allenstein – Recommends not approving.
Mr. Fiffick – Mentioned his concerns are the fact of having two separate documents that the inspectors would have to look for instead of a single card, (Form and a card).
Mr. Allenstein – If there are no objections, we will present it to the Board tomorrow for review and passing.

Passenger Assistance Training Program:

Mr. Fiffick – There are 4 passenger assistance programs, MedStar, CAS of Warren, Quality Care and ProCare, full passenger assistance program, it’s the best I’ve ever seen. It is 16-18 hours long, with videos, testing, and hands-on. Recommend passing.
Mr. Allenstein: Are there any issues presenting to the Board? Committee agrees to present to the Board.

Update on the temporary licensing using the attestation forms:

March – June 2020 all inspections of services ceased due to COVID-19.
Mr. Fiffick – Has been quite a challenge with the attestation process. Sending attestations to services, they attest they have conducted their own inspections for new services, renewals, adding a vehicle. Many inspections led to investigations, services not ready, vehicles not passing inspections that led to re-inspections.
Mr. Fiffick: Reporting to the Board tomorrow, As of June 1st started inspections for new services. August started inspecting services under investigation. October started doing all inspections. Expired services, per the Governor’s orders, we have to give expired services an opportunity to renew.

Discussion:

Ms. Rose: Suggests setting a metric reviewing on an ongoing basis, to track providers under investigation to report to the Board.
Mr. Allenstein: Agree, Look at workload of inspectors and investigations, using the attestation, this may reduce paperwork, and manpower

Discussed using attestation on going.
• **Licensing of non-transport services and vehicles:**

  Mr. Fiffick – Over the past year, received several requests to license services that do not have EMS licensure. Example, Steel mill has to drive on parts of the road to get to parts of the mill and want to license as EMS and do first response within their facility and use lights and sirens. Another one who does boat rescue, and another does events only, concerts, or football games. Bringing up for discussion.

• **Services that want to provide EMS / first aid at sporting events, concerts, …**

  Mr. Fiffick: Received another request to do Boat rescue, response to a scene, events only – vehicles that stay at a venue.

  Ms. Jenkins – Kentucky has that, other precedents already set, having some type of licensure with reduced standards of criteria equipment for that other states are doing For first aid patients, transfer to local EMS.

  Mr. Fiffick – These requests do not want to transport patients, they want lights and sirens to respond to do some type of wilderness rescue.

  Mr. Fiffick - Need a separate level in rule to allow “lights and sirens”.

  Mr. Wright – There is no provision if they are not fire a department, licensed EMS agency or law enforcement

  Mr. Fiffick – Brought this up for discussion; need to get back to event ems with an answer

  Mr. Allenstein: Technically, by law it is not in our purview to license agencies that are not at a level of BLS, ALS, MOICU, without changing level in rule.

• **Discuss having EMS agencies report when they are involved in an auto accident.**

  Mr. Allenstein: Challenge in EMS we do not know the number of fatal vs minor accidents. Making it mandatory to report accidents.

  Mr. Fiffick: Doing the EVOC training as a requirement. It would be nice to see where the accidents happening, if there were injuries, was it due to distracted driving, etc. Private EMS vs Public EMS. Create a form to the specifics of the accident. One-page form so we can track the information. Cannot enforce.

  Mr. Wright: Tracking data, not sure EMSERS is the way to go. Maybe Fire Marshal could require it, data is important

  Mr. Allenstein: Opportunity to learn; create a safer system for our providers; if we have the information from an accident; know all the factors from an accident

  Ms. Hines: Have you asked legal to get their thoughts, on collecting data, protected data not asking data outside the report;

  Mr. Fiffick: Good point, I can do that.

  Dave DeVore: Question; can we not extract the data from the OH-1, box 17 and box 29

  Mr. Fiffick: Will revisit OH-1

  Mr. Allenstein: Problem statement; capturing good quality data from our EMS accidents.

• **Discuss COVID testing EMS personnel. CMS requirement for nursing homes.**

  Lengthy discussion on the CMS requirements for nursing homes

  Cost of testing; unclear directive from CMS

  Ms. Hines – Refers to page 3 “Facility Staff”. Revised page 6
Facility staff includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions. For the purpose of testing “individuals providing services under arrangement and volunteers,” facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff. We note that the facility may have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (e.g., their employer or on their own). However, the facility is still required to obtain documentation that the required testing was completed during the timeframe that corresponds to the facility’s testing frequency, as described in Table 2 below.

Entry of Health Care Workers and Other Providers of Services
Health care workers who are not employees of the facility but provide direct care to the facility’s residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind facilities that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Mr. Allenstein: What do we need to do? This is costing EMS agencies money to comply CMS is not clear
Mr. Fiffick: Check with Rob to put a link on our website
Expectation; tested according to the county they are transporting to; non-emergent
Ms. Rose: Maybe get with OAMTA and Critical Care group for potential cost
Ms. Rose: Get information out to the providers so they can make their own decisions.

- Endorsements? Mr. Fiffick – can check with Mike Wise tomorrow
  Add to the next meeting agenda

- Discuss minimum staffing report
  Add to the next meeting agenda

- Discuss Alternate Forms of Stretcher Transportation in EMS (Ad hoc committee)
  Add to the next meeting agenda

- Helicopter Response – “shopping syndrome”
  Add to the next meeting agenda

Adjourn: 2:35 p.m.

Next Committee Meeting: TBD