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# OTHER INFORMATION

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COMMERCIAL AMBULANCE SERVICES ADVISORY COMMITTEE

Meeting Minutes
Wednesday March 15, 2017
MIEMSS Room # 212

Representatives Present:

CASAC Chair:  Bill Adams (Pulse/PLMD)

SOCALR:  Scott Barquin, Inspector
Lisa Chervon, Director
Kelly Hawkins, Admin. Asst.
Steve Hoffman, SOCALR Investigator
Brittany Spies, Licensing Specialist

EMSC:  Cyndy Wright-Johnson, Director

OMD:  Dr. Richard Alcorta

Service Attendees:  Bill Adams (Pulse), Joe Besche (Erickson), Chuck Boone (Mid Atlantic Care), Adam Cole (Lifestar Response), Jill Dannenfelser (ExpressCare), Victor Demattia (Patriot Medical Transport), Joseph Gamatoria (AMR/MEC), Justin Kinsey (Pulse), Matt Larabee (Freestate), John Oliveira (Lifestar), Susan Rainey (Nemours), Will Rosenberg (Butler), Shaina Saturday (GMT), Cory Skidmore (Hart to Heart), Heather Stamey (Medstar), Chuck Threlfall (AM-Van/AAA)

Introductions:
- Meeting called to order at 13:00hrs by Chairman Bill Adams. Minutes from previous CASAC meeting approved unanimously.

State EMS Medical Director Report:  No Report

SOCALR:
- Database/Licensure Management Project has been put on hold until further notice. 2017 licensure will still be done on paper.
- Steve Hoffman addressed discrepancies in the numbers being reported on Monthly Data Reports (MDR) vs. the number of calls that are submitted via eMEDS during the same time period. Section 1 of the MDR is where the grand total of all calls taken are entered. Section 2 and 3 is where the overall call total is broken down into specific call types.
- Quarterly QA reports are to be sent to SOCALR AND to Ron Schaefer.
- 2017 Annual Renewal Packets will be distributed shortly. Proposed changes to the 2017 Equipment Checklist were emailed to the group last night for review and clarifications / changes were discussed:
  1. Anything added to Maryland Medical Protocols will be added to checklist.
  2. Changed acetaminophen wording to clarify that tablets are optional, however individual liquid doses are required.
3. Any size bandages are allowed
4. Sterile gauze pads need to be individually wrapped/packaged
5. Multiple items (#41-49, #108-111) were reworded to match wording in VAIP standards however requirements were not changed
6. A razor was added to the BLS equipment list
7. The requirement for two sets of adult defib pads to accompany an AED was discussed. The quantity of pads required was lowered to one
8. All seatbelts need to work. Functionality of seatbelts includes retraction
9. All cabinets need to close securely
10. Small cones may be used in lieu of road triangles however flares are not acceptable
11. Fire extinguishers must be 5lb extinguishers
12. Pillows must be nonabsorbent or disposable
13. Over the shoulder harnesses on the cot must be assembled
14. All full boards must meet OSHA standards (non-permeable)
15. The requirement for half backboards was removed
16. No rips or tears are permitted on board splints
17. All oxygen cylinders (onboard and portable) must have valid hydrostatic testing dates
18. Large adult BP cuff was added to the equipment requirement
19. The requirement for a digital thermometer was added for ALS units
20. Emergency Response Guide (ERG) must be available on all transport vehicles (NEW). The electronic version is acceptable however employees must be familiar with resource.
21. Child safety seats are to be available and used when needed, but are not required to be on every unit for every transport (optional pediatric equipment as needed). Cyndy suggested changing wording to “child safety restraint device (meets injury criteria in federal ….)”
22. ANSI 207-2006 approved vests have been added to the equipment list

- Joe Gamatoria relayed that Maryland Vehicle Inspections can now be verified online. The link will be distributed to CASAC.

**Ambulance Safety Forum:** Cory Skidmore recapped the meeting for those present.

**MIH:** No report

**ALS Subcommittee:** No Report

**BLS Subcommittee:** No Report

**SCT Subcommittee:** Will Rosenberg
- OB calls, services would like protocols reviewed to determine the necessity of nurses for non-pregnancy related transports.
- Proposed regulation change will add a definition of obstetrical transports (30.09.01.02). An RN is not always needed for an SCT transport. Any obstetrical patient needs to be examined so the need for RN can be determined (30.09.11.04).
• Dr. Carla Bailey will be consulted for assistance in defining an uncomplicated OB transport
• The issue was not voted on due to a lack of quorum. This is an ongoing issue with CASAC and needs to be revisited in the bylaws so that business can be conducted. In the interim, an electronic proxy vote will be conducted.

**NEO Subcommittee:** No Report

**Protocol Subcommittee:** No Report

**EMSC/PEMAC:**
• Cyndy Wright Johnson reported that PEMAC met last week and that a high performance CPR Workgroup took place earlier this week. PEMAC will be working with Dr. Seaman to produce an integrated High Performance CPR protocol for pediatrics. Dr. Anders has completed a review of all pediatric intubations that occurred in 2016.
• Jill Dannenfelser mentioned pediatric ventilator changes where vent dependent children can be transported with a ventilator with a qualified medical professional, not necessarily an RN, as long as the call is not respiratory in nature. This new performance measure will affect primarily 911 services.
• Cyndy polled the group on interest in participating in a cohort of pediatric coordinators from within EMS agencies, to have one-on-one time with the physicians that are involved with pediatric best treatment practices and research. Limited response was provided. Cyndy will work with Steve to determine what the percentage of pediatric calls is within Maryland’s commercial industry.

**JAC Representative Report:** No Report

**Region III EMS Report:** No Report

**SEMSAC Report:** No Report

**Legislative Subcommittee:** No Report

**Old Business:** No Report

**New Business:** No Report

**Next Meeting:**
• Wednesday June 14, 2017. SCT Subcommittee 1:00-1:30. CASAC 1:30-3:30. Room 212 @ MIEMSS.

Meeting adjourned @ 1430 hours.