

Paramedic Committee
Meeting Minutes
October 20, 2014

PRESENT

Chief Jeff Kowalski
Chief Rick Helminski
Lt. Kirk Keane
Captain Mark Benadum
Paul Johnson
Rich Ellett
Bri DeChristopher
John Barnes
Greg Szumigala
Dr. Daniel Schwerin
Ian Hopkins

REPRESENTING

Sylvania Twp. Fire
Springfield Fire
TFD EMS Bureau
TFD EMS Bureau
Toledo Fire
Maumee Fire – LS7
St. Vincent Mercy Hospital
Air Guard Fire
Toledo Fire – LS5
NWOEMS
Toledo Fire – LS1

STAFF

Dr. David Lindstrom
Dennis Cole
Brent Parquette
Jon Ziehr
Aislinn Charlton-Dennis
Ralph Shearn
Loren Boykin

LCEMS Medical Director
Emergency Services Director
QA/QI
LCEMS CE Administrator/LS10
LCEMS CE Administrator/ LS10
LCEMS Dispatch Manager
LCEMS Dispatcher

ABSENT

Toledo Fire –LS2
Toledo Fire - LS3
Toledo Fire – LS4
Sylvania Fire – LS6
Oregon Fire – LS8
Whitehouse Fire – LS9
Jerusalem Twp. Fire

Rod Standiford
Jeff Hibbard
Chief Charles Flack

Call to Order

The meeting was called to order at 9:02 am by Chief Kowalski.

Minute Approval

The minutes from the September 8, 2014 meeting were available for review. Captain Benadum made a motion to accept the minutes which were seconded by Rich Ellett. The minutes were approved as written.

Training

Brent reported the CE comments from September were available to read. Brent reported September's CE topic was pediatrics with emphasis on special health care needs. It was well received.

Brent reported October's CE deals with new items added to the State of Ohio requirements and critical skills in the field, ie., Lucas. November's CE will be on Ebola.

Rich Ellett asked if the paramedics are to be using the cooling collars on every cardiac arrest and no chilled saline to be used. Brent reported this has not taken place yet. The cooling collars are currently on LS 4,5, 6 and 7. We are still collecting data. Brent also reported the application of the collar will be going over in CE and once everyone is taught and then the use of just the collar will take place.

QA

Dr. Lindstrom reported he continues with a handful of cases and works with the administration and paramedics involved. Dr. Lindstrom also reported there has not been a QA process with Dispatch due to the new CAD and once this process has been established we will start the QA process again. Also, there are a couple of new dispatch trainees.

Dr. Lindstrom reported he will be doing a "meet and greet" with the new paramedics this week.

Old Business

Vacuum Mattress – Rich Ellett asked if the Hartwell vacuum mattresses have been ordered.

Spinal Immobilization Protocol. Rick Helminski asked if the Spinal Immobilization Protocol was completed. Dr. Lindstrom replied no that maybe by the first of the year. He would like to present a draft at the Fire Chiefs meeting. Chief Kowalski reported there is a meeting in October and November.

New Business

Ebola - Dr. Lindstrom reported Dispatch is currently using the Clawson cards, Pandemic Flu Card, since there was a reported case in Ohio. Card attached of what Dispatch ask callers. Also, there are three levels of response on the primary questions.

Dr. Lindstrom advised that all personal get their flu shot.

Dr. Lindstrom reported that we are looking at having a vehicle dedicated at the Annex with special barrier items in it for transport.

Dr. Lindstrom reported Ebola is not airborne but if a patient is intubated, or given aerosol treatments, secretions, then this becomes the issue.

Dr. Lindstrom cited on an issue that occurred Friday, October 17th, which was a hoax, where a patient was taken to UTMC with "fever and travel to Africa" and the facility did not want to accept, but they did in the end. Dr. Lindstrom reported all the facilities are preparing for such cases.

Dr. Lindstrom reported all the Ebola cases were on health care workers who had direct contact with the patient.

John Barnes reported TSA is not blocking anyone from flights that have a fever.

Dr. Lindstrom emphasized if the paramedics have a critical care, cardiac arrest patient, they are work them where they are and if they expire, to leave them for the coroner.

Dr. Lindstrom also said the November CE will have the paramedics trained in proper PPE.

Open Discussion

Product Demo – Rich Ellett showed a “Thermoflect (Adult Transport Cocoon). Rich explained this is an encapsulated blanket which when the patient is inside of it, it would contain any bodily fluids from the cot. The cost is \$16.00.

LS11 – Ian Hopkins asked about the status of LS11. Dennis reported its moving forward and no time line at this point.

Fires and Life Squad staging – Ian inquired how Dispatch sends a life squad to fires just wanting to know the process. Ralph Shearn reported on the protocol. (Protocol attached)

Next Meeting and Adjournment

With no further business, the meeting was adjourned at 9:40 a.m. The next meeting will be Monday, November 10th at 9:00 am.

Primary Questions – ON ALL CALLS [NOT required on ACCINJ, etc]

1. Does s/he have a fever? [100.4 f / 38.5 c]
2. Has s/he traveled to Africa?
 - 2a. [if YES] To either Guinea, Sierra Leone, Nigeria, Senegal, Liberia or Republic of the Congo?
3. Has s/he had any contact with a known Ebola patient?
4. Has s/he had any contact with a person who traveled to Africa?

Any positive responses from the questions will result with the information being entered into the CAD incident as a shared comment [EMS/FIRE/LAW].

Level 1 PPE [enter shared comment]
Continue with correct EMD Protocol Card

“Fever without travel and without patient contact”

IF

Level 2 PPE [enter shared comment]

“Fever with travel to West Africa but without patient contact”

Level 3 PPE [enter shared comment]

“Fever and direct contact with known Ebola source “

Continue with EMERGING INFECTIOUS DISEASE SURVEILLANCE TOOL Protocol Card Pg. 2

EMS will also place a call to the closest appropriate med control facility and advise them of the same information * WHEN A LEVEL 2 OR LEVEL 3 PPE *****

EMERGING INFECTIOUS DISEASE SURVEILLANCE TOOL (SRI/MERS/EBOLA)



Listen carefully and tell me if s/he has any of the following symptoms:

- difficulty breathing or shortness of breath
- persistent cough
- ~~measured body temperature > 101.5° F (38.6° C)~~
- chills
- unusual sweats
- hot to the touch in room temperature
- unusual total body aches
- headache
- sore throat
- nasal congestion (blocked nose)
- runny or stuffy nose
- recent onset of any diarrhea, vomiting, or bloody discharge from the mouth or nose
- abdominal or stomach pain
- unusual (spontaneous/non-traumatic) bleeding from any area of the body
- contact with someone with the flu or flu-like symptoms (if so, when?)

continued on reverse side

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It will be the responsibility of the EMS Life Squads to clear the Med Channel with the hospital when they are complete. To clear the Med Channel, the EMS Life Squad should notify the hospital that their facility will no longer be needed and then notify EMS Dispatch that the Med Channel has been cleared.

EMS Life Squads will keep EMS Dispatch informed of their location and status (i.e., in-service, out-of-service for repairs at county garage, at hospital for supplies, etc).



EMS Dispatch should accommodate requests for EMS Life Squads on stand-by at major fires in the County. However, when those vehicles are stand-by, they are in-service and should be utilized for life threatening incidents; if no other Life Squads are available to arrive on scene within 10 minutes. If a stand-by EMS Life Squad is dispatched from a fire scene, the unit is not to leave the scene without notifying the officer in charge. EMS Dispatch should assign another EMS Life Squad, if requested.

1. When EMS Dispatch receives an **emergency request** for an EMS Life Squad to be sent to a fire (city or county), the closest in-service EMS Life Squad should be sent **code 3**.
2. The EMS Life Squad dispatched to a fire will be under the control of the Incident Commander. The Life Squad at the fire scene will report to EMS Dispatch their in-service availability immediately upon the Incident Commander's determination that no medical emergency exists at the fire.
3. When an EMS Life Squad is requested by an Incident Commander in the City of Toledo, for **in-service stand-by**, the closest in-service Toledo Life Squad is to be dispatched **code 2**.

For calls reporting a "true" structure fire (**not** dryer fire, food on stove, ballast smoking, etc) the following shall be followed:

- if reported as **occupied**, dispatch a Life Squad – **code 3**
- if reported as **unknown if occupied**, dispatch a Life Squad – **code 3**
- if reported as "**everyone is getting out**" – interpret as **unknown if occupied** and dispatch a Life Squad – **code 3**
- if reported as "**everyone is out**" – interpret as **not occupied** – no initial dispatch of a Life Squad
- an incident that cannot be easily interpreted; or any doubt exists; a Life Squad should be initially dispatched. (**When in doubt, send them out**).

Lucas County EMS
Noncredit Course and Instructor Evaluation
Course: Pediatrics
Course Dates: Sept. 2,3,4,9,10,11,16,17,18,23, 2014

COMMENTS

Sept 2, 2014

- Excellent lecture
- Good review of spec. needs children; too many break-out sessions tonight!
- Good session for disabilities pts.
- Awesome!

Sept 3, 2014

- Thanks for the handouts!
- The microphone was not distracting
- Good class. Thank you!
- Would it be possible to program the LP15s to auto restart after 45-50 minutes and have an "a" or "b" added to the pt. number? Can you add "announcements" and "case of the month" to handouts?
- Long lecture, but fairly informative
- Good lecture

Sept 4, 2014

- Great!!
- Great class!
- Great job JZ!
- Good CE. Material that is usually not covered, was refreshing. Hands on, useful & practical.
- Good lecture – very informative!
- Great lecture!!
- Great lecture by Jon
- Great job as always. Terrific job Jon on a very difficult & really misunderstood topic.
- One of the best Peds CE in a while. Great job
- Excellent powerpoint presentation

Sept 9, 2014

- Excellent scenarios!!
- Great class, Scenarios were very good.
- Nice job Jon.
- Just a note, mentally retarded is generally replaced with developmentally disabled or intellectually disabled, etc. The word "retarded" carries a negative connotation. Good session.
- Jon did a nice job presenting this material. Thank you for the continued quality CE. Another great class. I enjoy talking about why drugs we use work the way they do.

Sept 10, 2014

- Let us work with our own crews
- WPW station was a great review/refresh
- Very good lecture
- Jon always does a great job. GQ
- V-good
- Great CE! Very informational!
- Good quality CE all around!

Sept 11, 2014

- Thank you
- I liked the lecture, just wanted it more EMS oriented.
- Thanks for being here.
- Good skill stations

Sept 16, 2014

- Excellent CE! Keep up the great work! Great scenarios
- Very good time for 1st CE.
- One of the best lectures in a long time; great info
- Z rocks! As does everyone. Great job to all!
- One of the best lectures that I have heard. Way to go Jon. A great way to present this topic. The whole crowd listened intently.

Sept 17, 2014

- We need syringe pumps for meds such as Cardizem & Mag Sulfate! S. Morgan
- Great job JZ!
- Jon, thank you for doing the interviews & research out in the community. You always have an excellent presentation.
- Great lectures very informative
- Very well done lecture!! I can tell a lot of research was done putting this lecture together.
- Some new topics today. Good.
- Breakout sessions are too long.

Sept 18, 2014

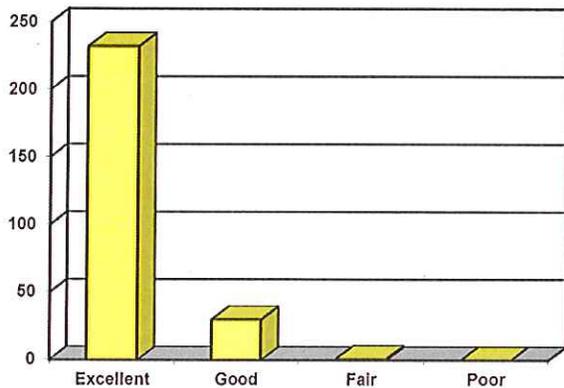
- Good knowledge.
- Good lecture minion.
- Excellent!
- Chris Nye's room was great. Best instruction of the day. Thanks.
- Still did not see the Narcan pen
- Good stations
- Pediatric scenarios always sound reinforcement; skills and knowledge related to pediatric emergencies can be intimidating.
- Awesome learning experience.

Sept 23, 2014

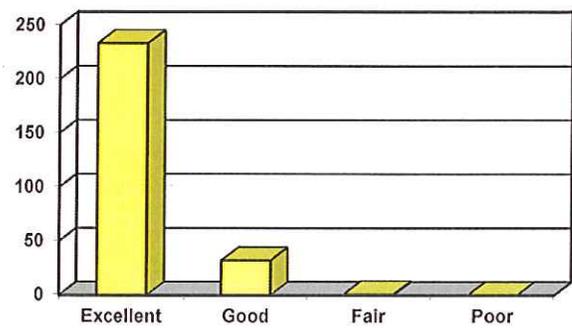
- Another good one! Thank you!
- I love the new chairs! Topic was very detailed and I learned a lot.
- The print on the Power Points are nearly impossible to see ! the bottom of the screen from the back. Too many heads in the way. Keep them up higher.
- Great lecture very informative. Group sessions excellent.
- As always break out sessions are great.
- Awesome
- FYI: "Rhett" or RETT " different on handout/powerpoint
- Thank you!
- Great job!

Noncredit Course and Instructor Evaluation Pediatric Emergencies

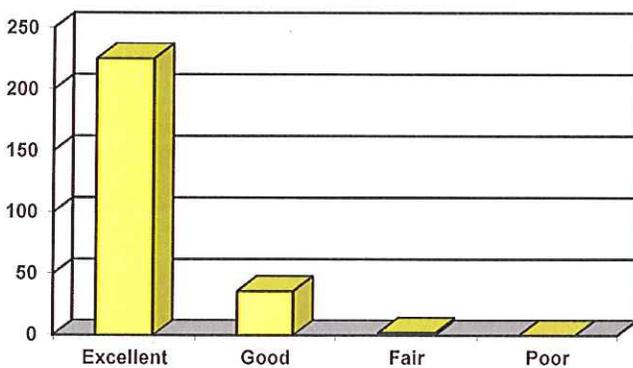
1. The course started on time



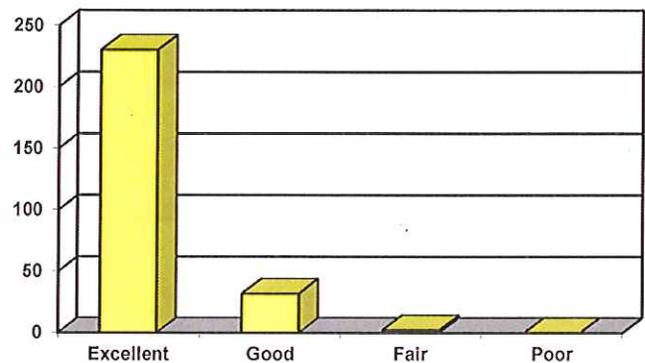
2. Course Objectives were clearly stated



3. Material was presented in an understandable manner



4. The instructor spoke clearly and loud enough to be heard



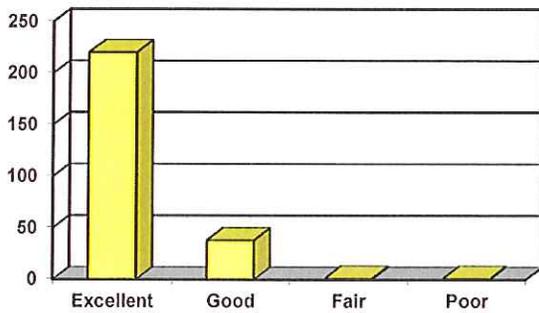
Course Dates: Sept 2,3,4,9,10,11,16,17,18,23, 2014

Number of evaluations 264

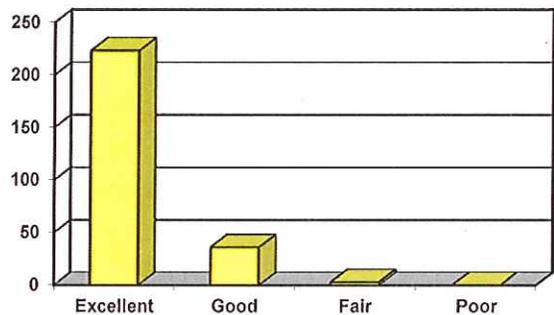
Location: Lucas County EMS

Noncredit Course and Instructor Evaluation Pediatric Emergencies

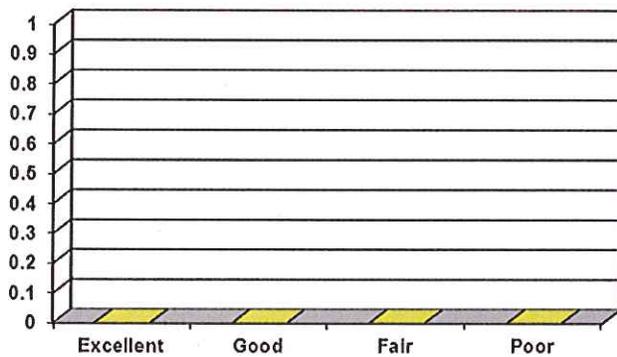
5. The instructor encouraged participation where appropriate



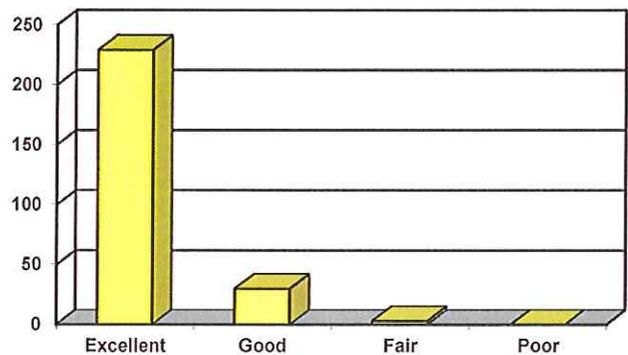
6. Handouts were easy to use and helpful



7. Did the written test reflect the objectives and course content? n/a



8. My overall rating of session?



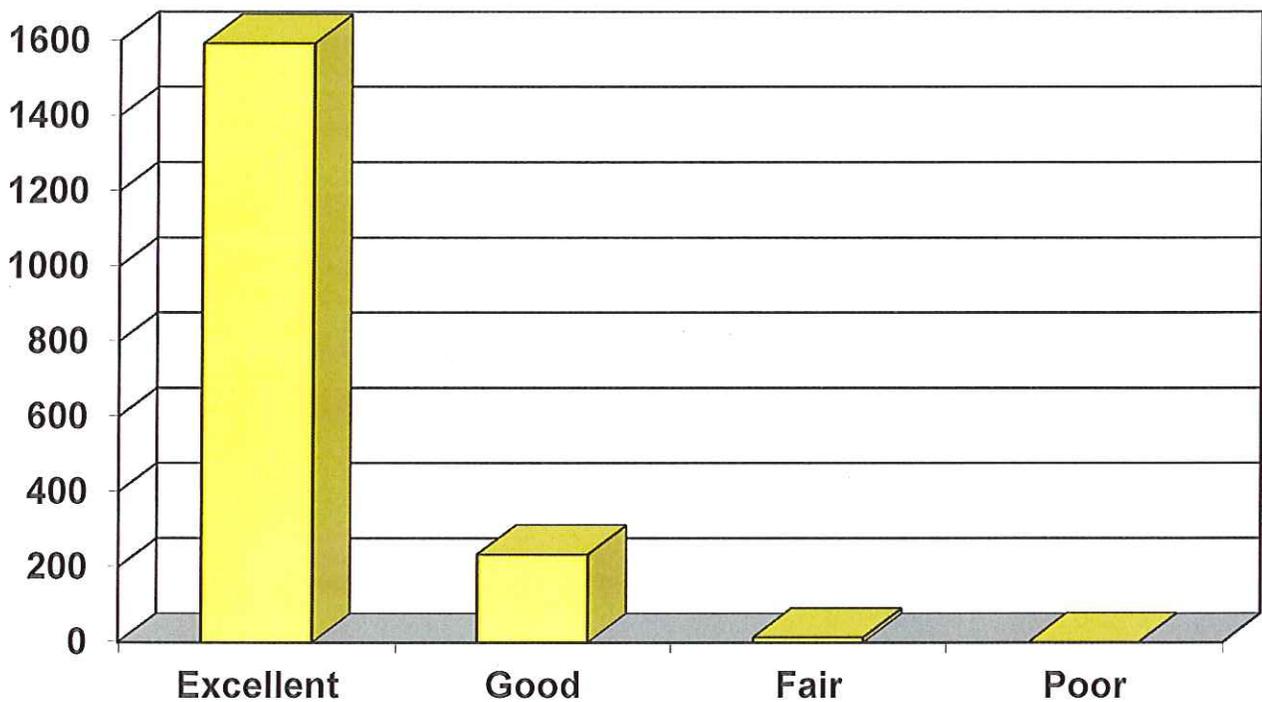
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Noncredit Course and Instructor Evaluation Pediatric Emergencies

Summary of All Responses to All Questions



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