

Meeting Minutes
EM Today - Greensboro, NC

Date: October 1, 2019

Time: 1506 hrs.

Meeting call to order by Dr. Williams

Introduction of board members and chapter members.

Minutes for the board conference call and January 2019 meeting were sent out by email. No additions or corrections noted. Minutes approved.

Old Business:

Ketamine pilot project: The board thanks to Dr. Kitch for his work on the Ketamine training module. A letter was sent to Dr. Kitch acknowledging his contribution. EMS systems participating in the pilot project are given a link to the educational material as resource. It is open source and available to anyone on the state.

Responder Violence website: "Consortium Against Responder Violence" (www.carvnc.com)
A lot of time was spent on setting up the technology. Now we have to work on the marketing, advertising the purpose and importance of it. Some of it will be in-person opportunities. Encouraging reporting and then how to mitigate. OSHA requires a worker force violence plan if you have more than 400 employees. We are trying to collect best practices. We do not know how often violence happens in EMS because we do not have any data. The website portal only asks 5 questions so it's easy and fast to complete the questionnaire. The idea is for an option for a follow up phone interview if the provider desires. We need to promote a culture change, where we don't expect providers to get hurt. Dr. Winslow mentioned that there is a huge variability among EMS agencies when responding to violent episodes. At this time all the data from the website is going to David Ezzell. We are in the process of figuring out a way of timely notification when a report is filed to re-enforce the use of the system. There has been talk in the past to make it an on. Dr. March suggested developing a state-wide policy regarding work violence in EMS. Discussion that these types of events must be de-briefed immediately. A lot of EMS agencies do not have any processes in place.

Medical Director Boot Camp: This project would be aimed at new medical directors in NC. Dr. Grover is lead in this committee. Dr. Winslow has a rough slide set which will be used. We need more people to get involved in this project. Some of the policy statements from NAEMSP could be used as resources for this project. Dr. Williams vision is to create a "guided-tour" to show new medical directors where to find resources so they can succeed in their job. The challenge is how to get this information to the people that are not in the room (not an NAEMSP members).

Discussion about the need to have an up to date list of NC EMS medical directors with contact information. It would be better if it included their QI person and system administrator. The chapter will get an update of the project in the January 2020 meeting.

Disaster Interest Group committee: We got a list of interested members but no leader. Dr. Kitch volunteered to lead this committee with two other members as co-chairs. co-chair. Members were informed that if you are part of the NC SMAT teams and you deploy with them your liability is covered as well as workmen compensation. For the first time there is one physician for every Health Care Preparedness Coalition (HCPC).

New Business:

There is a white paper from the NHTSA regarding's Office of EMS regarding nomenclature. Dr. Hawkins informed all that there is a short timeframe on public comments (October 24th). There is a lot of discussion of changing the terms for EMT and Paramedic. It is worth looking into it and commenting as members of the EMS community. National NAEMSP has provide feedback to the NHTSA. There is no consensus currently from national organizations. NAEMSP has no official opinion at this point.

Administrative rule process: NCOEMS updated rules are still in draft form without an implementation deadline at this time. The draft includes new educational requirements for paramedic credentialing (associate degree) and for EMS instructor's certification. It has gone through public comments already. It is currently in the second round of revisions, engaging stakeholders in the state. The chapter board in general support the increase in education for EMS professionals at this point but will wait until final draft is done and then will discuss the rules again.

NCOEMS Updates:

There is a suicide mental provider group. If someone wants to be in the sub-committee, please let David Ezzell from NCOEMS know.

A 6-month report was given to the NC Medical Board regarding the Ketamine Pilot Project. Pilot project was extended to March 2020 so NCOEMS will be able to present the 1-year data report without interruption of the pilot. NCOEMS will present again in January.

One of the EMS agencies in NC will be the first one giving out Suboxone post overdose interventions.

National NAEMSP Update:

Dr. Cabañas says that they expect the 2020 annual meeting to be the largest ever for the association.

Please remember the “Government Affairs Academy” to be held before EMS on the Hill at Washington, DC.

The DEA Bill got passed but is stuck somewhere in government at this time, the administrative rules have not been done by the agency yet. Obviously, there is still a problem with medication shortages. It is purely an economic problem. There is no national define list of medication concentration and presentation, so companies just decide what to produce based on demand.

Long discussion on expiration date and if they can be extended in case of shortages (most inaudible). Dr. Winslow says that meds can be extended beyond expiration date, but it is a process. The Feds can, but usually they do it for antidotes and Disaster meds.

Meeting called to a close.

Next meeting January 9, 2020 at NAEMSP Annual Meeting – San Diego, CA