

ALS Subcommittee

Agenda

March 21, 2018

Call to Order

Approval of Minutes

Old Business:

ALS Protocol Review

CRT Renewal

New Business:

State/Local NCCP Requirements

Continuing Education Categories

Nominations for ALS Subcommittee Co-chair

Announcements

Adjournment

Maryland Institute for Emergency Medical Services Systems

ALS Subcommittee Meeting

March 21, 2018

A meeting of the ALS Subcommittee was held on March 21, 2018, via GoToMeeting.

GoToMeeting

Jeff Fillmore, Kathleen Harne, Patrick Campbell, Richard Alcorta, Susan Arnett, Cory Polidore, Tina Clark, Bill Dewar, Bev Witmer, David Timms, Danny Webster, Colleen Lull, April Johnson, Douglas Walters, Mary Alice Vanhoy, Rae Oliveira, David Chisholm, Chris Touzeau, Doug Beitzel, Linda Arapian, Pete Fiackos, Rick Koch, Jeffrey Fillmore, Chad Gainey, Randy Stair, Terrell Buckson

Call to Order

Meeting opened at 10:00 AM by welcoming attendees. Having been duly convened, the committee was ready to proceed with business.

The meeting proceeded as follows.

Discussion

State/Local NCCP Requirements-

Dr. Alcorta addressed the state NCCP requirements that were approved on May 1, 2017.

Provider Updates: This section will be adjusted to 2 hours

Documentation: MIEMSS will generate 1 hour of education on the topic of elite, and jurisdictions supplement with 1.5 hours of local content. Given the different levels of knowledge on elite, this section requires flexibility.

MOLST: Pete Fiackos will lead the effort to update the MOLST content. It was suggested to include case studies/scenarios in order to check for understanding of the topic. The MOLST presentation will be updated from 0.5 to 1 hour.

Medication Review: Morphine and adenosine will be removed from the Medication Review presentation, and ketamine and fentanyl will be added. Content should be updated to contrast morphine and fentanyl. Calcium chloride, haloperidol, magnesium sulfate, and midazolam will be retained. This section will remain at 2 hours.

Emerging Infectious Diseases: Given the fact that several diseases are re-emerging, this section has great potential. Proposal was made to include content on immunization. Since

this topic is covered in the national component, this section will be decreased from 2 hours to 1 hour. Jurisdictions will supplement with 1 hour of local content.

Potentially Volatile Environments with Life sustaining Intervention: This section will be increased from 0.5 to 1 hour. With the addition of scenarios, it could potentially take 2 hours to complete this section

12-Lead Electrocardiogram: This section shall be removed.

Life Span Development: This section shall be decreased from 2 hours to 1 hour. Jurisdictions may supplement.

NCCP Maryland/Local Topics CRT/I-99 & Paramedic

| Topic/Objectives: After successful completion of the below topics - | Hours |
|---|----------|
| Provider Updates | 2 |
| The provider will successfully complete the 2017 EMS Provider Update with a quiz score of 70% or greater (the 2016 ALS Protocol Update may also count for providers renewing in 2018) | |
| Documentation (Transition to eMeds Elite Platform/Update on new ePCR criteria) – or Local Option approved by MIEMSS | 1 |
| The provider will recognize the significance of the move to the NEMSIS v3 data collection platform. | |
| The provider will recall the items to be collected for ePCR submission involved in the move to NEMSIS v3. | |
| The provider will interpret the mandatory data elements to be collected for ePCR submission involved in the move to NEMSIS v3. | |
| The provider will interpret the mandatory data elements to be collected for ePCR submission that pertain to CARES. | |
| MOLST Form Review | 1 |
| The provider will recall the information required for a valid MOLST form. | |
| The provider will differentiate the levels of care and CPR instruction in section one (1) of the MOLST form. | |
| The provider will interpret the care options defined in sections 2-9 of the MOLST form. | |
| Medication Review | 2 |
| The provider will give example of indication, contraindications, and doses for calcium chloride. | |
| The provider will give example of indication, contraindications, and doses for haloperidol. | |
| The provider will give example of indication, contraindications, and doses for magnesium sulfate. | |

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| The provider will give example of indication, contraindications, and doses for midazolam. | |
| The provider will give example of indication, contraindications, and doses for fentanyl. | |
| The provider will give example of indication, contraindications, and doses for ketamine. | |
| The provider will be able to compare/contrast morphine and fentanyl. | |
| Emerging Infectious Diseases | 1 |
| The provider will recall several emerging infectious diseases. | |
| The provider will identify infectious patients. | |
| The provider will differentiate various personal protection equipment based on the level of exposure and disease presented. | |
| The provider will describe the unique processes for patient transfer. | |
| Potentially Volatile Environments with Life Sustaining Intervention | 1 |
| The provider will list examples of potentially volatile environments. | |
| The provider will explain the indications of a potentially volatile environment. | |
| The provider will define the level of care to be conducted in the hot zone of a potentially volatile environment. | |
| The provider will define the level of care to be conducted in the warm zone of a potentially volatile environment. | |
| Life Span Development | 1 |
| The provider will identify age ranges, physiologic changes, physical characteristics, and psychosocial characteristics associated with the | |
| Total Hours | 9 |

The following topics were proposed for development:

1. Technology (1.5 hours)

- a. Patient care related technology (LVAD, med pumps)
- b. Advances in assessment tools (ultrasound, ecmo, telemedicine)
- c. Various ortho and attached devices (TENS units, external fixators)

2. Mobile Integrated Health (MIH) (1 hour)

- a. Role of EMS in MIH (population health)
- b. Familiarization with the patient populations that can benefit from MIH

- c. Overview of MIH project in Maryland (retrieved from legislative report)
- 3. SAFE (pediatric vs. adults) (1 hour)
 - a. Identify the patient presenting with assault
 - b. Sensitivity to the vulnerability of these patients
 - c. Review on patient assessment (see Carroll's SAFE report)
 - d. Appropriate destination determination
- 4. Management of the Transgender Patient (transition times) (0.5 hours)
 - a. Aware of both physical and hormonal changes during the transition period
 - b. Communication and sensitivity

Jurisdictions will develop content for a topic and work with Pete to post to the LMS. Please keep in mind that only 2/3 of the State/Local content may be completed as distance learning.

ALS Protocol Review-

Rae Oliveira reported that Montgomery County is considering a revision to the protocol review process. It will be open to interested jurisdictions. Please contact Rae for more information.

Continuing Education-

MIEMSS received unanimous approval to discontinue the use of categories A, B, and 2 for ALS continuing education. This will allow more efficient tracking of training as we update the system to capture National, State/Local, and Individual categories that are consistent with National Registry's tracking.

ALS Subcommittee Co-chair-

Terrell will send out nomination forms to identify individuals that may be interested in serving as co-chair. The nominees will be submitted to SEMSAC for consideration.

Adjournment

There being no further business to come before the committee, the meeting was adjourned at 11:30 PM. The next meeting will be held on May 16, 2018, at 1000 hours.