
Northwest Community EMS System
Chiefs/Administrators Meeting

Date: November 17, 2017
Time: 0830 – 1000
Place: Northwest Community Hospital; breakfast will be served
LOCATION: NCH Learning Center Rooms LC 1&2

A G E N D A

- I. Approval of agenda; approval of minutes; introduction of new members/guests
- II. **Committee Reports**
 - A. **Advisory Board/Paramedic Program Advisory Committee – Nathan Gac;** see written report from current paramedic program; CoA site visit results and next steps;
 - B. **PBPI Committee – Jason Brizzell**
 - 1. QI Screens: Cardiac arrest data Q3; Naloxone Q3; Sepsis query; nominations for committee officers; updated charter; paramedic student simulated PCR review
 - 2. Updates to annual topics to be studied
 - C. **CARS Committee – Jim Klein**
 - 1. Printing updates: Continue to refine print versions
 - 2. Lists and validation rules
 - D. **Education Committee - Joe Tobiasz & Connie Mattera**
 - 1. EMT class report
 - 2. **CE: Team Cardiac arrest measurement progress;** make up dates issued
 - 3. Ideas to promote independent study prior to CE class
 - E. **R&D Committee – Ed Rogers**
 - 1. King Vision: Pilot expanded; current results; Vote for date of mandatory use
 - 2. Lucas automated CPR device trial: Alternate piston devices approved
 - 3. Drug & Supply list updated (11-16-17)
- III. **System news**
 - A. **Save the date: Holiday breakfast December 14th** at Chandler's Restaurant
 - B. **System Directory updated;** posted to website
- IV. **National news**
 - A. **"DEA Bill" Passed by Congress; Sent for President's Signature** (11/10/17) The House of Representatives has passed by unanimous consent the Senate amendments to the Protecting Patient Access to Emergency Medicines Act (H.R. 304). Legislation clarifies that medications governed by the Controlled Substances Act may be administered by EMS practitioners under a standing order issued by the EMS agency's physician MD. H.R. 304 amends the Controlled Substances Act to ensure that paramedics and other EMS professionals are able to continue to administer controlled substances, such as narcotics for pain and anti-seizure medications, pursuant to standing or verbal orders when authorized by State law. Further, the bill specifies that EMS agencies are permitted to have one DEA registration, rather than having separate registrations for each EMS location, so long as certain requirements relating to the transportation and storage of controlled substances are met. The bill was presented to the President for signature on Nov. 7, 2017. **THIS IS GREAT NEWS!**
 - B. **NEMSSC Offers Guide for EMS Agency Safety (10/25/17)** The National EMS Safety Council (NEMSSC), recently compiled several recommendations to encourage EMS safety practices at the agency level. The new primer, "Guide for Developing an EMS Agency Safety Program," is intended to serve as a roadmap for EMS agencies to develop and implement a comprehensive safety program. Recognizing that EMS agencies have differing levels of resources available for safety programs, the guide contains sample policies EMS agencies can adopt or readily customize to their particular agency type, size and needs. Topics addressed include: roles and responsibilities of the safety officer; facility safety and security; vehicle operator safety; scene safety; infection control, personal health and safety, and patient safety.

C. **NASEMSO Awarded Contract to Develop Naloxone Model Guideline**

NASEMSO will collaborate with the American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP) to improve emergency medical care in the U.S. by developing an evidence-based guideline for naloxone use by EMS personnel. A Technical Panel, comprised of experts in evidence based guideline development, EMS medical directors, addiction medicine, toxicology, and pain management will be recruited to develop the guideline under a contract recently awarded to NASEMSO by the National Highway Traffic Safety Administration. Researchers will review available evidence to publish recommendations on the administration of opioid antagonists that are not addressed in existing reports. The guideline and supporting educational materials are anticipated in 2018.