



**Emergency Medical Services Committee
Annual Report
July 2019**

In reference to the actions of the OFCA EMS Committee:

The OFCA EMS Committee has met, and had significant discussion regarding a few topics important to EMS overall within the state:

- Continuing education requirements for EMS providers is currently a hot-button topic. There seems to be a general consensus that the number of continuing education hours required for all levels of providers, but especially paramedics, is oppressive. It creates an untoward burden on providers who need to collect them, agencies who need to pay for the training, work hours, overtime, and/or a combination thereof, and the budgets that support them. The committee is aware that the EMFTS Board is looking at the continuing education requirements, and themselves recommended the following:
 - A reduction of the required number of hours for each level. The paramedic level was specifically addressed, and a number around sixty (60) hours per three-year renewal cycle was proposed. After discussion, the suggestion was to follow the NREMT/NCCP model, but rather than over the NREMT two-year cycle, the NCCP requirements be met over the Ohio three-year cycle. This would reduce the number of hours needed for providers, and the proposal was for all levels.
 - To allow a provider who takes a live, in-person refresher with skills assessments included to be considered to have met his or her requirements in full. Once again, while this would apply to other levels of providers, the paramedic level was specifically discussed. The example provided would be that if a paramedic completed a live, in-person 48-hour refresher that included state mandated topics (such as the trauma triage course), that there would be no further hours required. Discussion was held regarding virtual instructor-led training (VILT; live online training) as well. The group seemed to think that online refreshers were not necessarily adequate until it was explained that these types of refreshers are not “traditional” online programs where a person simply sits and clicks through a class. These VILT courses have a live instructor and the students must interact with them. The thought process was for those that complete VILT refreshers, the remainder of the NCCP hours would still be needed. This may still require more review.
 - If there is a requirement for skills assessments/skills verifications (which the recommendation is that there should be) that it should remain up to local medical direction to decide how that verification should occur. To require that providers statewide and without exception go to

- skills testing centers (such as accredited or approved institutions) would put an unnecessary burden on the providers, the institutions, and employing agencies. If medical direction on the local level wants this, then it can be decided on the local level – but the thought is to allow local levels to make these kinds of decisions, not the state.
- Providers would still be able to renew by holding an active NREMT credential and completing any state-mandated courses. With the new NCCP model, trauma triage and rescue task force training would be able to be used in the general state mandated course section and would not be “additional” training beyond current Registry requirements.
 - Providers would still be able to renew by taking an exam in lieu of continuing education.
 - The thought of requiring all providers in Ohio to hold and maintain NREMT status was discussed, but the committee was not in favor of this action.
- Certification endorsements were discussed, as the EMFTS Board has been examining the idea of endorsements that a provider can earn above and beyond standard credentialing. Examples of this include Critical Care Paramedic and Community Paramedicine. Others have also been discussed. The committee is interested in seeing where the proposals with these endorsements may go.
 - There was discussion over Emergency Medical Responders and what their role is and what it should be. It was brought up to EMFTS recently about who can hold an EMR and/or use an EMR credential as it currently stands in Ohio. The committee concurs that if an agency – any agency – needs or wants EMRs, they should have them. In particular, the discussion was surrounding full-time departments who run first response but do not transport. The committee would be in favor of allowing any entity who wants to have EMRs to have them. This would require changes at the state level and there is proposed legislation to address this.
 - Along with the discussion concerning EMRs came a conversation that was also spoken of in 2018 in the OFCA Volunteer Committee, which was the minimum staffing requirements for ambulance *transport*. Currently, as all are aware, the law states that in order to transport a patient in an ambulance, there must be a minimum of two certified providers on board during the transport. The suggestion was made that this could be potentially reduced to one. There was some lively debate about this, with some suggesting that two providers are necessary on the scene based on the scene, and others believing that having the driver also be certified is helpful in the event that a patient destabilizes during transport with the ambulance stopping and awaiting intercept or stabilization. Rebuttal was in the form of a convenience poll taken of the providers on the committee as to how often an ambulance was stopped rather than pushing forward for intercept, and the anecdotal numbers ranged between 0.25% of the time to one stating 5%. In light of the lengthy discussion, the majority of the members present were interested in investigating further the idea of requiring only one certified provider being necessary for transport. This would require a legislative change and there would be a lot of details to work out.

The next OFCA EMS Committee meeting will be in September 2019.



In reference to happenings at the state level with the Emergency Medical, Fire, and Transportation Services Board:

As it was last year, it has been a busy year for the Ohio Emergency Medical, Fire, and Transportation Services (EMFTS) Board. Included in the following report are some of the major highlights of the EMFTS Board and its efforts, along with some upcoming plans.

- **Proposed Changes in EMS Renewal Requirements:** The Board has discussed changing the renewal requirements for all EMS providers in Ohio to more closely be aligned with the NCCP requirements now established by the NREMT. If approved, providers will have four options, similar to what they currently have:
 - Exam in lieu of continuing education
 - Possess an active or inactive (but current) NREMT credential
 - Continuing education
 - Ohio refresher and continuing education

Once again, if approved, the number of hours required will change to mirror the requirements of the NREMT NCCP. There are also proposals to limit the number of hours obtained online (50%), limit the number of hours obtained in one day (12 hours), limiting CE hours to being allowed for the same topic no more than once every twelve months, and requiring that at least 75 percent of the hours being “appropriate to the level of certification being renewed”. These proposals are still in review *and are not final*.

- **Rescue Task Force Awareness Training Requirement:** This training will be required once for each EMS provider upon implementation of OAC 4765-6-07, which was on or about 01 April 2019. It can be accessed through the Public Safety Training Campus (the same place where the Ohio Trauma Triage Course is located for online completion via the Division of EMS) at <https://trainingcampus.dps.ohio.gov/cm/cm710/home.html>. New EMS providers will get the course in their initial training programs. Renewals must take the course only one time during their next renewal cycle. It will not be a course that is required to be repeated during each renewal cycle like the trauma triage course.
- **EMS Provider Certification Process by Reciprocity:** The Board is reviewing the current process by which reciprocity is granted to EMS providers coming into Ohio. Currently, it is cumbersome, and depending on the state from which the provider is seeking reciprocity, can take months depending on the responsiveness of the home state. Division of EMS staff is seeking to streamline the process. Several proposals are being reviewed, with no final decision at this time.

- **Legislative Changes:** Several legislative changes are occurring to update the Ohio Revised Code:
 - **ORC 4765.01:** Changes are made to definitions used throughout the Code as it pertains to EMS.
 - **ORC 4765.02:** Removes the Ohio Emergency Medical Technician Instructors Association as a nominating agency for an EMFTS Board seat. The Ohio Instructor/Coordinator Society remains a nominating agency for Seat #8 (currently held by Susan Kearns from Youngstown State University).
 - **ORC 4765.04:** Removes the Health Forum of Ohio as a nominating agency for an EMFTS Board Seat. The Ohio Osteopathic Association *and* the Association of Ohio Children’s Hospitals remain nominating agencies for Seats #15, #16, #21, and #22. This section will also permit Ohio to share EMSIRS data with NEMSIS as Ohio is one of only four states that does not share the information; personal patient information still remains undisclosed.
 - **ORC 4765.11:** Changes in this section will allow the EMFTS Board to write rules regulating medical directors for nonemergency medical services (community paramedicine) in a manner that it currently does for emergency services. It also removes references to EMRs to correspond with another Code change (ORC 4765.30(A)), and removes references to specific skills for EMS providers so as to allow the EMFTS Board to establish scopes of practice based on current medical standards for EMS providers.
 - **ORC 4765.30:** Currently, EMR may only serve as volunteers for a nonprofit EMSO or a nonprofit fire department. It prohibits communities that provide EMS via a third service from establishing a first response EMS capability by a non-volunteer fire department. The proposed change eliminates the restrictions that persons certified as an EMR work only for a volunteer nonprofit EMS or fire agency.
 - **ORC 4765.11, 4765.35, 4765.37, 4765.38, 4765.39, 4765.41:** Changes here would modify specific services that are in the Code to allow the Board to determine the services to be performed by each level of provider consistent with current medical standards. It would also change the current language that states that EMS providers must be in direct communication with a physician prior to providing medical care to language that permits EMS certificate holders to provide medical care pursuant to written protocols approved by a physician – something that is current practice in EMS statewide now.
 - **ORC 4765.42:** This section is designed to ensure that each EMSO and NEMSO is providing notice of their respective medical directors to the EMFTS Board, and that those medical directors qualifications are appropriate to serve in that position.



- **ORC 4765.55:** Currently, differences in disciplinary actions set forth in Code can result in different disciplinary actions taken against individual fire and EMS certificates held by one dual-certificate-holder. Changes here would allow for consistency in the disciplines.
- **ORC 4766.04, 4766.05:** Part of this applies to private medical transportation licensing, which does not affect fire departments. Changes here, however, do add the acceptance of a national standard for ambulance construction approved by the American National Standards Institute in addition to currently accepted KKK-A-1822 specifications.
- **ORC 149.43:** This section of the Code addresses the protection of familial and residential information for fire and EMS providers. Currently, the Code does not include EMRs in that group. The change would expand the definition of “EMT” to include EMRs, thereby protecting their information as well.
- **Priority 1 EMS Grant Award Report:** A report came out as to the amount of money awarded to individual counties from the State EMS Grant (Priority 1 EMS Grant) for the 2018-2019 cycle that many agencies receive annually. *Trumbull County had the highest dollar value of award of any county in the state, at \$122,020.00.* The next highest cumulative total is Cuyahoga County, with \$120,310.00. District 4 (which includes Ashtabula, Columbiana, Geauga, Lake, Mahoning, Trumbull, and Portage counties) received the fourth highest total of award dollars of all nine districts: \$318,350.00. The district receiving the highest total of award dollars was District 3 (which includes Ashland, Cuyahoga, Holmes, Lorain, Medina, Stark, Summit, and Wayne counties) at \$497,946.00. Awards for the 2019-2020 cycle were recently made public and are on the Ohio Division of EMS website and electronic notifications were made to agencies at the time of this report.
- **Ohio Star of Life Awards:** Nominations were extended to 01 March 2019 but are now closed. The 2019 presentation ceremony will be on Wednesday, 22 May 2019 at 1300 hours at the Ohio Department of Public Safety Shipley Building Auditorium in Reynoldsburg, OH.
- **State of Ohio WMD Guidelines and Procedures Manual:** The manual was updated with the updates approved at the February 2019 EMFTS Board meeting. It will become available on the ODEMS website.
- **Capnography Monitoring Requirements:** All EMS agencies are reminded that continuous waveform capnography is *required* on all patients requiring invasive airway devices *effective January 1, 2021.* ODEMS Priority 1 grants authorize the expenditure of grant dollars on the purchase of capnography devices. This was approved by the EMFTS Board on December 17, 2014, and we are now less than two years away from mandatory usage. Agency heads are urged to stay ahead of this mandate so that their agencies will be in compliance on January 1, 2021. For the EMFTS Board position paper (issued

February 2018) which describes the theories and conclusions, along with the notation of the requirement, see the ODPS website at <https://www.ems.ohio.gov/links/position-papers/emsCapnographyPositionPaper.pdf>.

- **OHTrac Patient Tracking Application:** For those who got the tablets in the last tablet grant cycle, or for those who simply want the app, the OHTrac Patient Tracking Application is available for fire and EMS agencies use during mass casualty incidents. The app has actually been in use since around 2012, but was not really pushed to EMS agencies until the first tablet grant. For more information on OHTrac, visit the ODEMS website at: <https://www.ems.ohio.gov/critical.aspx#ohtrac>. There is also a downloadable PowerPoint presentation available to review.
- **Extensions and Exemptions for CE Renewal Requirements:** A reminder that extensions and, in certain extenuating circumstances, exemptions for CE renewal requirements are available. Providers must be aware that *applications for extensions and exemptions MUST be submitted before the provider's certificate to practice expires*. Forms for extensions and exemptions may be found on the ODEMS website at: <https://www.ems.ohio.gov/certifications-extensions.aspx> (extensions) and <https://www.ems.ohio.gov/certifications-exemptions.aspx> (exemptions). Requests are considered on a case-by-case basis.
- **Certification Endorsements:** EMFTS has discussed the potential for adding “endorsements” to credentials such as Critical Care Paramedic and/or Community Paramedicine. These endorsements are still being discussed at the EMFTS committee level, and would require rules adoptions and curriculum to be created.
- **Scope of Practice:** As many have noticed, there are additions and changes to the scope of practice occurring occasionally. The Education Committee of the EMFTS Board has brought up an issue regarding these changes and how they affect accredited institutions. Currently, administrative code rules state that any change to the scope of practice necessitates a change in the initial training curriculum. The Education Committee believes that this is burdensome and unnecessary in part. Not all scope of practice additions require training at the initial level, because they may be environment-specific (e.g., hospital setting vs. prehospital setting). There is a consideration to rewrite the rules so that the Board can decide on a case-by-case basis as to when training has to occur (initial training or post-initial training) for certain types of procedures.
- **Potential Applicants with Criminal Convictions:** Due to a recently enacted law, individuals with a criminal record who are interested in obtaining an EMS or fire certification may inquire whether their criminal record disqualifies them from obtaining a certification. (This was not an action by the Board, per se; it was a legislative action that affects EMS, fire, and many other boards in the state.) If an individual would like to make a request, he or she must submit your request in writing, provide details of the criminal conviction(s), and pay a fee of \$25. Acceptable forms of payment are either check or money order made payable to the Ohio Treasurer of State. More details are available at <https://www.ems.ohio.gov/enforcement-conviction.aspx#conviction>.



- **Board Resolution on Drug Administration by EMS Personnel:** There was a meeting between Division executives and the Ohio Board of Pharmacy regarding administration of drugs belonging to one agency being administered by an agent of another agency. After this meeting, the Board of Pharmacy adopted changes that made it easier to document these administrations as it happens frequently, especially with mutual aid incidents. To see this change/announcement, visit <https://www.pharmacy.ohio.gov/Documents/Pubs/Newsletter/2019/Board%20Resolution%20on%20Drug%20Administration%20by%20EMS%20Personnel.pdf>. Agency administrators should have received notice from Board of Pharmacy regarding the matter. Overall, it seems that the Board of Pharmacy is being receptive to discussions with the Division of EMS, and EMFTS looks forward to continuing open dialogue between the boards and their respective staffs.

As always and with an information regarding the EMFTS Board or with the OFCA EMS Committee, any member who has questions, comments, or concerns may feel free to contact me, or, they may also contact Chief Dudley Wright, the full-time OFCA representative and current chair of the EMFTS Board. Those interested in further details of EMFTS Board actions may see all of the Board's minutes at <https://www.ems.ohio.gov/about-board-minutes.aspx>.

Professionally,

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