

Maine EMS Exam Committee Meeting

Tuesday June 22, 2010

De Champlain Conference Room, Augusta

Minutes

Present: Joanne LeBrun, Jeff Regis, Leah Mitchell, Peter Carbonneau (via teleconference), Jeremy Damren

Absent: Rick Doughty

Guests: N/A

Staff: Drexell White, Kerry Pomelow

1. Call to Order

The meeting was called to order at 9:36 a.m.

Drexell reported that Gary Utgard, Bob Hawkes and Sally Taylor had indicated that they would be absent from the meeting.

Kerry Pomelow, Maine EMS' new Education and Training Coordinator, was introduced to the group.

A. Assign Timekeeper – Jeff Regis

B. Additions/Deletions to the Agenda – BP cuffs as tourniquets (LeBrun)

2. Minutes – February 23, 2010 meeting minutes - review for acceptance

The minutes of the February 23, 2010, meeting, were reviewed.

Motion: To accept the minutes of the February 23, 2010, meeting (LeBrun; second by Mitchell - motion carries)

3. Old Business

A. Exam Administration Manual (EAM) Update

The Exam Administration Manual (EAM) and its appendices have been posted on the Maine EMS web site. Drexell asked that he be notified if errors or omissions are found by committee members.

4. To Do List – Updated as Necessary

5. New Business

A. Airway Station – Integrated Oxygen Regulators

A question about integrated oxygen tank - oxygen regulator systems and their effect on how EMS provider candidates are tested was forwarded to the Exam committee by the Education committee. The current practical skills evaluation includes applying a regulator to a pin index safety system-type tank and makes no allowances for use of an integrated tank/regulator.

Integrated systems such as the Oxy-Tote® have a tank pressure gauge and adjustable liter flow dial; some systems are equipped with a high pressure (50 psi) port for medical equipment.

Drexell reported that he had spoken with Todd from the Waterville branch of Advantage Gas, Advantage Gas, sales person Mark Searle, Advantage Gas fill facility manager Dick Kelly and a representative from Maine Oxyacetylene about the units. Information obtained follows:

- The advent of the integrated tank/regulator system is industry driven; there is no government requirement that medical providers convert to the integrated system;
- Several hospitals in Maine *have* converted to the integrated systems;
- Suppliers will continue to supply, fill and service (i.e., hydro test) pin index safety system steel and aluminum tanks;
- Many EMS services refill their own pin-index safety system-type tanks from their own cascade systems;
- Integrated systems are by one estimate, roughly five dollars more per tank/month to lease vs. pin-index safety system-type tanks;

From an education and testing standpoint, assembly of tank and regulators is included in the EMR and EMT-B Instructional Guidelines (that are based on the National EMS Education Standards):

Given that:

- Education and training for oxygen regulator and tank assembly is included as part of the NEMS Standards and Instructional Guidelines;
- Steel and aluminum pin-index safety system tanks will continue to be supplied, serviced and hydro-tested by suppliers
- EMS licensed non-transporting and ambulance services continue to use the pin-index safety system-type oxygen tanks; and,
- The change to integrated tank/regulator systems is industry - not government mandate – driven,

Maine EMS staff concluded and the committee concurred that the current testing of oxygen tank and regulator assembly as part of Maine EMS Practical Skills Evaluations is appropriate and does not require modification, at this time.

Discussion continued about the need to ensure that state practical skills testing use full oxygen tanks. Committee members expanded the discussion to include the need to reinforce with Training Centers and Instructor Coordinators that all equipment used in testing be functional and in good repair. Examples cited necessary equipment such as functional Automatic External Defibrillator (AED) trainers, AED training pads and one-way valves as examples of equipment that are sometimes inadequate or missing at test sites.

Consensus is to have staff draft a position paper on the importance of suitable and functional testing equipment and that the document be shared with the Education Committee with the goal to issue a joint position paper with the Education Committee.

B. Airway Station – BSI Scoring

A situation arose in a practical skills evaluation (PSE) where a candidate did not indicate BSI/scene safety and was deducted four point from each of the four skill sheets included in the air way station, failing the exam overall. The candidate has since re-tested and successfully completed the PSE, but guidance is need on the correct scoring of BSI/scene safety in the airway station. Current practice has the candidate receiving a point on each sheet if the candidate verbalizes BSI/scene safety at least once during the station.

Following discussion, committee members agreed that if BSI scene safety is not done for the First Responder or EMT-B airway station, the student should receive the deduction of one point for not performing the task and three points for missing a critical skill, but that the candidate should not receive four separate four-point deductions for the station.

C. BP Cuffs as Tourniquets

Joanne LeBrun reported that she had recently attended a presentation where the speaker indicated that blood pressure (BP) cuffs are not appropriate to use as tourniquets because of the possibility of not providing the necessary pressures to occlude blood flow and the potential for deflation or failure. She indicated that BP cuffs are included as a tourniquet option in the Maine EMS hemorrhage control practical skill stations.

Kerry Pomelow will check with the state medical director about whether BP cuffs should be considered an option for tourniquet.

There was a follow-up question about quick-clip-type long boards and their inclusion in the required training center equipment list. Staff will check the training center requirements and report back.

6. Next Meeting

The Chair discussed the need to meet every month, with projects coming to a close and less issues being brought before the committee. Following discussion, the consensus was to continue to have committee members “block out” the fourth Tuesday each month as a meeting date, but that the Chair and staff would review agenda items, decide if a meeting is warranted and notify committee members accordingly.

7. Adjournment – The meeting was adjourned at 11:56 a.m.

Respectfully submitted,

Drexell White