

CLINICAL ISSUES COMMITTEE MINUTES

Committee Minutes	Clinical Issues Committee
Date	Sept 10, 2025
Time	10:00 AM CST
Location	Iris Room, 665 Mainstream Drive, Nashville, TN
Participants	Members present: Dr. Joe Holley, Jonathan Wood, David Burdett, Derick Sutherlankd, Dr. Amanda Derington, Dr. Tucker Anderson, Steven Hart, Mary Lee Lemley, Oseana Bratton, Greg Johnson, Dwight Davis, and Chip Cox Members absent: Scottie Chambers, Christopher Cox, Kevin Spratlin, Dr. Ron Buchheit, Matthew Owens, John Dabbs, and Brandon Ward

Overall Lead	Topic	Summary / Decision	Assignments / Next Steps	Responsible Person	Time Frame
Dr. Holley	Call to order	Meeting called to order at 10:13 AM. A sign-in roster was passed around. Dr. Holley stated a quorum was present.	N/A	N/A	N/A
Dr. Holley	Approval of minutes	Motion on minutes from 5 June 2025 by John and second by David with change made in participants from Chip Cox to Chip Cook.	N/A	N/A	N/A
Dr. Holley	Schedule	Reasoning for meeting time and date changes were discussed. The new meeting time will be 1300 until finished on days after the education committee meets.	N/A	N/A	N/A

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Dr Holley	Scope of practice	<ul style="list-style-type: none"> The position statement concerning scope of practice was reviewed Question raised: Do medics working in clinics require a medical director? That decision is deferred to the board and to board regulations. Recommendation is given to add “as set by the state EMS board and regulations” to the current wording to clarify the above question. Vote made to accept the position statement. All members are in favor. 	N/A	N/A	N/A
Dr Holley	Removal in insulin pump	Dr. Holley created a position statement clarifying the ability to remove insulin pumps. There are no objections.	N/A	N/A	N/A
Dr. Holley	Cardiac Monitoring	<ul style="list-style-type: none"> Board members reviewed the position statement Dr. Holley created clarifying scope of practice for a cardiac monitor related to interfacility transfer Discussion is made concerning national scope of practice that allows an AEMT to place a monitor and transmit. Clarification is added to the position statement Wording is added to clarify calls “that require” cardiac monitoring 	N/A	N/A	N/A
Dr. Holley	Glucometer	Board agrees EMR’s cannot use a glucometer	N/A	N/A	N/A
Dr. Holley	I/O use	This ACP will be removed since the national scope of practice allows this in the scope of AEMT	Remove ACP	Dr. Holley	N/A
Dr. Holley	Patellar reduction	The minimum age of 10 will be added to the ACP	Revise ACP	Dr. Holley	N/A

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Dr. Holley	Ambulance equipment list	<ul style="list-style-type: none"> • Question is raised concerning neonatal masks. No changes are made. • Discussion is made concerning adding the NRP algorithm in addition to length based tape. No changes are made to the equipment list but a decision is made to create a position statement that the CIC recommends the NRP algorithm be trained and used. • After discussion, motion is made by Dr. Holley to replace 2.5 and 3 cuffed ETT with uncuffed 2.5 and 3 ETT on the ambulance equipment list. David seconds the motion. All board members agree. 	Position statement concerning the NRP algorithm	Dr. Holley	N/A
		<ul style="list-style-type: none"> • After discussion, motion is made by Oseana to replace the current pediatric pulse ox probes with probes that work down to a minimum of 3kg. Mary Lee seconds the motion. All board members agree. 			

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Dr. Holley	Ventilator use	<ul style="list-style-type: none"> • Mark Edson from the ventilator working group presents to the board and summarizes all recommended changes to the initial ventilator training requirements. • The board recommends making adjustments to the wording of the document concerning didactic instructors. David makes a motion to accept the document with the one identified change. John seconds the motion. All members are in favor of support of the document. • Recommendation is made to allow services to use CPAP/BiPAP by whatever device they have available. Board members agree. • Discussion is made concerning differences in critical care and vent medics and if they can initiate on scene. Clarification is made that rules state critical care medics can initiate. • After further discussion, Dr. Holley makes a motion the vent medics can initiate a vent in any setting as long as they complete bridging education to be determined by the board. All members are in agreement. • Motion is made by Dr. Holley for the ability of AEMT and above to use ventilators in a preset cardiopulmonary arrest mode with an advanced airway in place. David seconds the motion. All members are in favor. 	N/A	N/A	N/A
Dr. Holley	Optiflow	CIC will issue a statement that therapies in the national scope of practice are supported	Position statement	Dr. Holley	N/A

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Dr. Holley	RN's in EMS	<p>Discussion is made concerning rules and regulations including scope of practice of nurses in EMS. The decision is made to send this topic to the EMS board for clarification. Two questions will be put before the board:</p> <ul style="list-style-type: none"> • Is a basic EMS license required? • If RN's are on the ambulance, what scope of practice do they fall under? 	EMS board answers	EMS board	N/A
Dr. Holley	Adjournment	Meeting was adjourned at 1:45 PM.	N/A	N/A	N/A

Minutes recorded and submitted by Amanda Derington. Minutes are not necessarily recorded in order of discussion.