

AIR AMBULANCE COMMITTEE MINUTES

Committee Minutes	Air Ambulance Committee Meeting
Date	June 17, 2024
Time	10:00 am CST
Location	665 Mainstream Drive, Iris Room
Participants	Members present: Robbie Tester, Cindy Bailey, Kevin Nooner, Matt Owens, Jonathan Wood, Lesley Roberts, Dr. Frank Taft, Tyler Thompson, Nita Jernigan, Chip Cook, Aaron Kinser, Chad Brown

Overall Lead	Topic	Summary / Decision	Assignments / Next Steps	Responsible Person	Time Frame
Robbie Tester	Roll Call	The meeting was called to order by Robbie Tester. Roll call was completed. A quorum was present.	n/a	n/a	n/a
Robbie Tester	Approval of Minutes	Correction made to March 18, 2024, meeting minutes, including correcting of the second to the motion to elect M. Owens as co-chair to L. Roberts, correction to Nita Jernigan from Nina, and update to M. Owens from M. Owen on the motion to approve the minutes. Motion to approve minutes with corrections by M. Owens with second by L. Roberts. Motion approved unanimously. Correction made to June 14, 2023, minutes to reflect Nita Jernigan instead of Nina. Motion to approve minutes with correction by Dr. Tift with second by M. Owens. Motion approved unanimously.	n/a	n/a	n/a
Robbie Tester	Items from the Board	None	n/a	n/a	n/a
Robbie Tester	Old Business	Introduction of new committee members: Tyler Thompson representing Highlands Emergency Air Rescue & Transport (HEART) and Dr. Frank Tift, Associate Medical Director for Erlanger Life Force. Air Ambulance Rules: R. Tester had a conversation with Matt Gibbs from Office of General Council. The proposed air ambulance rules were attached to the educational stipend rules. Anticipated to be in rulemaking by the end of this	n/a	n/a	n/a

AIR AMBULANCE COMMITTEE MINUTES

		<p>year and effective in 2025. There were some suggested changes to the language in the crew configuration section. Mr. Gibbs also requested additional information regarding the Commission on Accreditation on Medical Transport Services (CAMTS). Mr. Gibbs is working to provide the final version to this committee before rulemaking.</p>			
Robbie Tester	New Business	<p>Continued work on the creation of the proposed Air Medical Emergency Medical Services Equipment and Supplies Specifications with the following recommendations.</p> <p>Medications Required:</p> <ul style="list-style-type: none"> • ANAPHYLAXIS KIT: Epinephrine 1:1,000 in sufficient quantity to administer four (4) doses of 0.3mg per dose • ASPIRIN OR THERAPUTIC EQUIVALENT: For suspected cardiac patients • BETA-ADRENERGIC AGONIST OR THERPAUTIC EQUIVALENT: With appropriate administration devices for acute pulmonary distress • NITROGLYCERINE: 1/150 grain (0.4mg) tablets, past, intranasal, or sublingual spray or therapeutic equivalent • NALOXONE: Four (4) milligrams or therapeutic equivalent • ADENOSINE: Twenty-four (24) milligrams or therapeutic equivalent • ATROPINE SULFATE: Four (4) milligrams or therapeutic equivalent • ANTIARRHYTHMIC AGENTS: Lidocaine 400 milligrams for cardiac arrhythmia, or amiodarone 450 milligrams, or therapeutic equivalent 	Develop equipment list document with all proposals	Kevin Nooner	As soon as possible

AIR AMBULANCE COMMITTEE MINUTES

		<ul style="list-style-type: none"> • MAGESIUM SULFATE: 2 grams, or therapeutic equivalent • SODIUM CHLORIDE: For injection and dilution of medications • BENZODIAZEPINE: In amounts to administer two maximum doses, or therapeutic equivalent • VASOPRESSOR AGENTS: Sufficient to administer a bolus and/or infusion • NARCOTIC ANALGESICS: In an amount sufficient to administer two (2) maximum adult doses • SODIUM BICARBONATE: 100 milliequivalents • ANTIEMETIC: In an amount sufficient to administer two (2) parenteral adult doses • DIPHENHYDRAMINE: 50 milligrams for parenteral administration or therapeutic equivalent • CALCIUM: Calcium Chloride 1 gram, or Calcium Gluconate 3 grams. For treatment of hyperkalemic emergencies • ANTIHYPERTENSIVE: Parenteral antihypertensive agent • Additional medications may be carried in accordance with the service's patient care guidelines. <p>Hypoglycemic Countermeasures:</p> <ul style="list-style-type: none"> • GLUCOSE CLIA APPROVED FOR WAVIED TESTING DEVICES: For semi-quantitative blood glucose determinations, with testing and calibration capabilities. • DEXTROSE: 50 grams for parenteral administration 			
--	--	---	--	--	--

AIR AMBULANCE COMMITTEE MINUTES

		<p>Medication Administration Supplies:</p> <ul style="list-style-type: none"> • SYRINGES: <ul style="list-style-type: none"> ○ For drug administration shall have at least 1cc, 3cc, and 10cc sizes with needles to include sizes for intramuscular injections. ○ 60cc luer lock syringe ○ Three-way stop cock • LENGTH BASED PEDIATRIC DOSING TAPE: Or appropriate reference material that converts length to estimated ideal body weight in kilograms for pediatric drug dosing and equipment sizing based on the most current guidelines. Note: Length-based dosage tapes shall be ordered within ninety (90) days and replaced within one (1) year of the successor version becoming commercially available. • MUCOSAL ATOMIZER DEVICE: One <p>Endotracheal intubation devices:</p> <ul style="list-style-type: none"> • LARYNGOSCOPE: Shall have operable handles, in adult and pediatric sizes appropriate for use with laryngoscope blades with extra batteries. • VIDEO LARYNGOSCOPE: For adult and pediatrics • LARYNGOSCOPE BLADES: In sizes 0 through 4, straight; and 2 through 4 curved; with extra bulbs if applicable. • ENDOTRACHEAL TUBES: Cuffed in size 2.5 millimeter through 8.0 millimeter • STERILE SURGICAL LUBRICANT OR EQUIVALENT: Must have • STYLETS: One each Adult and pediatric 			
--	--	---	--	--	--

AIR AMBULANCE COMMITTEE MINUTES

		<ul style="list-style-type: none"> • SYRINGE: 10cc with plain luer tip for cuff inflation • MAGILL FORCEPS: One each Adult and pediatric sizes • BOUGIE DEVICES: With coude tip; Adult and pediatric • END TIDAL CARBON DIOXIDE MONITORING: Waveform capnography for adult and pediatrics. • MECONIUM ASPIRATOR ADAPTERS: Shall provide for endotracheal aspiration of meconium, allowing direct connection of suction to the endotracheal tube. • CHEST DECOMPRESSION NEEDLE: Minimum length 3.25 inches large bore • CRICOTHYROTOMY SUPPLIES: For adults and pediatrics • METHOD TO SECURE ETT: 1/2" twill tape, commercial ETT holder, or equivalent <p>Safety Devices: Many are in other sections of our rules. Kevin will compare specifically.</p> <p>Matt Owens will provide committee report to EMS Board in Robbie Tester's absence next week.</p>			
	Adjournment	Motion to adjourn by C. Bailey second by T. Thompson. Meeting adjourned at 1200.	Committee report to EMS Board	Matt Owens	June 26, 2024
			n/a	n/a	n/a

Minutes recorded and submitted by Kevin Nooner. Minutes are not necessarily recorded in order of discussion.