

AMBULANCE SERVICE COMMITTEE MINUTES

Committee Minutes	Ambulance Services Committee Meeting
Date	November 16, 2020
Time	10:00 am CDST
Location	665 Mainstream Drive Nashville, Tennessee via WebEx web seminar
Participants	<p>Voting Members Present: Allen Lovett (Mid-Cumberland), Scotty Blackburn, Tom Crowder (TASA East), Brad Phillips (East), Ken Wilkerson (Southeast), Paul Feaster (Southeast), Darren Ford (Upper Cumberland), Twila Rose (West), Grant Crowell (West), Eric Gizzard (Memphis Delta), Angie Sullivan, Joyce Noles (TASA West), Steve Hamby (Region 2 EMS Consultant), Kevin Cagle (Region 8 EMS Consultant), Scotty Blackburn (Mid-Cumberland), Chad Brown (South Central), Rick Valentine (East), Jim Morgan (Upper Cumberland)</p> <p>Voting Members Absent: Jim Perry (Northeast), Roy Griggs (South Central)</p> <p>Office Staff: Brandon Ward, Hansel Cook, Tory Ferguson</p> <p>Visitors: Caroline Simmons, Eric Thibodeaux, Keith Douglas, Randall Kirby, Lou Alsobrooks</p>

Overall Lead	Topic	Summary/Decisions	Assignments / Next Steps	Responsible Party	Time Frame
Allen Lovett		Called the meeting to order			
Tory Ferguson	Roll Call	Roll Call was taken, communications were established and a quorum was declared.	n/a	n/a	n/a
Allen Lovett	Minutes	Ken Wilkerson motion to approve. Chad Brown second. Motion carried.	n/a	n/a	n/a
	Old Business				
	Sub-Committee updates	<u>Event Medicine Subcommittee:</u> Chairman Wilkerson advised the committee has not met since our last Ambulance Committee meeting. Chairman Wilkerson also announced that today was his last day of work before retirement.			

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		<p><u>First Responder Agency Subcommittee:</u> Chairman Ford presented a draft of the subcommittee's work. Ken Wilkerson made a motion to approve the following, Paul Feaster second.</p> <p>1200-12-01-.16 EMERGENCY MEDICAL FIRST RESPONDERS. (1) Definitions- The terms used in this rule shall be defined as follows: (a) Emergency Medical Responder means a person who has completed required training and who participates in an organized program of mobile pre-hospital emergency medical care and is certified and/or licensed as an EMS provider. (b) Emergency Medical Responder Certification means successful participation and completion of the Emergency Medical Responder Course and certifying examinations.</p>			

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		<p>(c) Emergency Medical Responder Course means a course, based on the NHTSA National Education Standards, providing instruction in basic knowledge and skills necessary to provide emergency medical care to the sick and injured.</p> <p>(d) Emergency Medical First Responder Service - shall mean an organization providing capabilities for pre-hospital emergency medical care using emergency response vehicles.</p> <p>(2) Operation of Emergency Medical First Responder Services. A licensed ambulance service classified as a primary provider shall coordinate and oversee Emergency Medical First Responder Services within its service area. If the primary provider is a contracted ambulance</p>			

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		<p>service, the county or local government may designate a representative who shall coordinate responder services within the service area of its jurisdiction. Emergency Medical First Responder Services shall meet the following standards for participation in the community EMS system. To participate in the community EMS system, each Emergency Medical First Responder Service shall:</p> <ul style="list-style-type: none"> (a) Be a state-chartered or legally recognized organization or service sanctioned to perform emergency management, public safety, firefighting, rescue, ambulance, or medical functions. (b) Provide a member on each response who is licensed as an Emergency Medical Responder, Emergency Medical Technician, 			

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		<p>Advanced Emergency Medical Technician, Paramedic or Critical Care Paramedic in Tennessee. These personnel may operate and perform pre-hospital medical care within their relative scopes of practice, up to their level of licensure as defined in Rule 1200-12-01-.04, within the confines of Medical Control, protocols, and standing orders established by the coordinating ambulance service's medical director.</p> <p>(c) Additionally, Emergency Medical Responders and Emergency Medical Technicians who have been trained in an appropriate program authorized by the Office of EMS may perform defibrillation in a pulseless, non-breathing patient with an automated mode device.</p>			

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		<p>These personnel may also, upon completion of the approved training, periodic review training, and concurrent quality assurance of the local EMS system Medical Director, utilize a non-tracheal airway device which has been approved by the EMS Board.</p> <p>(3) The coordinating ambulance service shall:</p> <p>(a) Ensure the provision of at least six (6) hours of annual in-service medical training to all EMR personnel, in a plan, and with instructors approved by the Medical Director. This training is to be in categories approved by the EMS Board according to the level of licensure or certification.</p> <p>(4) The Emergency Medical First Responder Service shall:</p>			

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		<p>(a) If the agency provides paid personnel trained as Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, Paramedics, or Critical Care Paramedics, the agency shall provide services twenty-four (24) hours a day, seven (7) days a week, and notify the coordinating ambulance service and dispatching agency of any time period in which the service is not available or staffed for emergency medical response. If the agency is primarily a volunteer agency, services shall be dependent upon availability of personnel.</p> <p>(b) Document a complete patient care report, for each patient encounter. The Emergency Medical responder shall</p>			

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		<p>submit a report to the responding EMS personnel in written or electronic format, or other method approved by the Division or the Board. This report shall provide brief information identifying the patient by name (if known), age, and gender, the approximate times of the medical incident, the chief complaint or description of the illness or injuries, with appropriate notation of vital signs and patient condition, and shall describe the care and treatment provided at the scene. This report shall identify the name(s) and professional license level of the attending personnel. The documentation should include any records or copies of physicians' orders for scope of treatment (POST) that may</p>			

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		<p>accompany the patient. Should circumstances or other emergencies preclude the submission of the report, the report shall be submitted in not less than twenty-four hours from time of the encounter. If circumstances or other emergencies preclude the submission of the report, the attending personnel must give a verbal report of above information to the receiving personnel. This report, while classified as confidential, shall be deemed as an essential element for continuity of care. All reports should be retained by all agencies of interest.</p> <p>(c) Provide and maintain minimum equipment and supplies and such other equipment and supplies as shall be mutually adopted under the agreement with the</p>			

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		<p>primary ambulance service and Medical Director. The minimum equipment shall be designated and approved by the EMS Board. This list shall be reviewed by the Clinical Issues Committee of the EMS Board annually.</p> <p>(d) In cooperation with the coordinating ambulance service, develop and maintain a memorandum of understanding or agreement of coordination with the primary provider of emergency ambulance services within the service area. If the primary provider is a contracted ambulance service, said agreement shall be developed and maintained with the designated representative of the county or local government. Such agreement</p>			

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		<p>will provide for policies and procedures for the following:</p> <ol style="list-style-type: none"> 1. Personnel and staffing, including a roster of response personnel and approved policies and procedures for such personnel. 2. Designation of vehicles to be operated as pre-hospital emergency response vehicles, including unit identifiers and station or location from which vehicles will be operated. 3. Nature of calls for which Emergency Medical response services will be dispatched, and dispatch and notification procedures that assure resources are simultaneously dispatched, preventing deference or delay of ambulance dispatch. 			

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		<ol style="list-style-type: none"> 4. Radio communications and procedures between medical response vehicles and emergency ambulance services. 5. On-scene coordination, scene control and responsibilities.. 6. Medical direction, protocols, and/or standing orders under the authority of the ambulance service medical director. 7. Exchange and recovery of required minimum equipment and supplies and additional items adopted for local use. 8. Exchange of patient information, records and reports, and quality assurance procedures. 9. Terms of the agreement, including effective dates and 			

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		<p style="text-align: center;">provisions for termination or amendment.</p> <p>(5) Emergency Medical responder services shall maintain professional liability insurance providing indemnity to emergency care personnel and the organization. Each Emergency Medical responder service shall maintain the minimum liability coverage which is set forth in T.C.A. § 2920-403.</p> <p>(6) Emergency Medical Responder Training Programs:</p> <p>(a) Shall utilize texts and curriculums approved by the Board.</p> <p>(b) Class size shall not exceed fifteen (15) students per instructor present.</p> <p>(c) Course must be conducted by an instructor authorized by the Office of EMS.</p> <p>(d) Shall obtain course approval from the Office of EMS.</p>			

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		<ul style="list-style-type: none"> (e) Shall provide an attendance policy acceptable to the Office of EMS. (f) Shall maintain accurate attendance records. (g) Must maintain student records, such as exams, attendance records, and skills verification for 5 years. (h) Must provide documentation of a student's successful completion of course, attendance, and verification of skills competency to the Office of EMS. (i) Must provide adequate classroom space with adequate lighting and ventilation. (j) Must provide adequate lab space for skills practice. (k) Must ensure adequate audio/visual instructional aids and supplies are available. (l) Must provide adequate equipment for skills training. 			

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		<p>(m) Each student is required to complete a course and instructor evaluation at the conclusion of the class.</p> <p>(7) An official response by any Emergency Medical First Responder Agency shall be performed only as assigned, based upon the specific policy guidelines of the coordinating ambulance service and dispatch agency responsible for dispatching emergency ambulances and/or an emergency (911) communications district. No Emergency Medical First Responder Agency personnel shall be authorized to make an unofficial response of any type, for any reason.</p> <p>Authority: §§ 4-5-202, 4-5-204, 68-140-304, 68-140-504, 68-140-504(1) and (2), 68-140-506, 68-140506(c), 68-140-507, 68-140-508, 68-140-508(a) & (b), and 68-140-517.</p> <p>Administrative History: Original rule</p>			

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		<p>filed March 25, 1987; effective May 9, 1987. Amendment filed March 7, 1989; effective April 21, 1989. Amendment filed March 7, 1994; effective May 21, 1994. Amendment filed January 9, 1997; effective March 25, 1997. Amendment filed November 16, 2005; effective January 30, 2006. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed April 6, 2010; effective July 5, 2010. Amendments filed January 11, 2013; effective April 11, 2013.</p> <p style="text-align: center;">Motion carried.</p> <p><u>Invalid Ambulance Subcommittee:</u> Chairman Crowder has a subcommittee meeting scheduled for 11/18/20, 10am Eastern via WebEx</p>			

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	New Business				
		<p>State Update: Director Ward discussed Executive Order 67. A discussion was held on the age requirements to drive an ambulance. Beginning January 1, 2021 background checks will be required on EMR's. Next board meeting will be December 9 and it is scheduled for two days.</p> <p>Next Ambulance Committee meeting date to be determined</p>			
Chairman Wilkerson		<p>Chairman Lovett had to leave the meeting at 1251 and Chairman Wilkerson continued the meeting.</p>			
	1200-12-01-.14	<p>Tommy Crowder made a motion to forward the revised document to the EMS Board for consideration. Rick Valentine second.</p> <p>1200-12-01-.14</p> <p>(1) Definitions (k) ((Move other numbers down)) Operator: A person(s) not currently licensed to provide Emergency Medical Care in the State of Tennessee but meets all other requirements for operating an emergency vehicle in the state, in addition to the sexual offender registry. In addition to the drivers training and criminal background screening this person(s) must be certified in</p>			

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		<p>Cardiopulmonary Resuscitation. This non-licensed person does not engage in patient care.</p> <p>1200-12-01-.14 (3) (c) Add number 4 after Category C Any service in the State of Tennessee may utilize an Operator, without penalty, under the following conditions:</p> <ol style="list-style-type: none"> 1. Level 1 and Level 2 must maintain a Paramedic 2. Level 3 must maintain an AEMT 3. Level 4 must maintain an EMT 4. Operators must successfully complete an EMR program within six (6) months AND be enrolled in a minimum of EMT school within 18 months of their initial employment date 5. A service shall not employ more than twenty-five (25%) percent of their total ambulance transport staff as operators 6. Operators shall not be included in the Compact between states 			

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		<p>This rule shall be reviewed annually by the EMS board and may be sun shined at their discretion</p> <p>Motion failed</p>			
	Public Comment	None			
		<p>With no further business to come before the committee Chairman Wilkerson declared the meeting adjourned.</p>			