

Connecticut EMS Coordinator Committee

MINUTES

9/13/2012

1230-1445

CHA

MEETING CALLED BY	Thomas Russell Chairman
TYPE OF MEETING	Monthly Meeting
FACILITATOR	Thomas Russell
NOTE TAKER	Thomas Russell
TIMEKEEPER	Thomas Russell- Meeting called to order 1245
ATTENDEES	Zacchera, Larcheveque, Henschke, Kellogg, Burns, Brunet, Winters

Guests: K.Brown (OEMS), D. Bailey (DPH) , Jean Speck (DPH)

Agenda topics: Clinical Coordinators welcome Jean Speck to her Added Position

10 MINUTES

COMMITTEE REPORTS EDUCATION & TRAINING

Did not meet prior to this meeting

ALAN HENSHKE

DISCUSSION	Approved model for transition materials. A gap analysis was completed for persons already certified at EMR, EMT, and paramedic levels. This identified competency content and issues to be addressed. Areas already addressed sent to Education/Training for analysis.	
	The gap analysis will be evaluated by Education/Training and sent to CEMSMAC for review. If feasible could be required for January 1, 2013 institution into EMS Programs. If possible may become an action item for CEMSMAC. Paramedic level also distributed and all recertifications need to be at new level by 1/1/2013. You can be a Sponsor Hospital without being completely at new level.	
	New competencies are timed based and CT has always strived to look more competency level based without regards to time. Sponsor Hospitals may use the tool; however, must set up competency standards internally.	
CONCLUSIONS	All Clinical Coordinators must review with their EMS Medical Directors and set up competency standards for their facilities EMS Partners.	
	The EMS Coordinator Group needs to be actively involved in the update to the Scope of Practice process at the Clinical Coordinator Level. Within 3 years (1/2016) everyone should be at their Scope of Practice Level.	
	National Registered people need to pay attention to their NREMT dates for renewal.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Alan will attend and participate in Education/Training meetings regarding the above items.	Henschke	To be determined
The EMS Coordinator Group will assist the Education & Training Group in facilitation of review and changes as determined by Education/Training and CEMSMAC.	Group	Next meeting post determination

10 MINUTES

COMMITTEE REPORTS EMS

ADVISORY/**CEMSMAC**

(EMS Advisory meet week after)

LARCHEVEQUE

DISCUSSION	Len Guercia has moved on from the DPH to the private sector. Jay Paretsky leaving as Chairman of the Volunteer Committee. Raphael Barishansky has taken the position as Director of the Office of EMS. Now under the Office of Health Care & Safety. John Best is presently the head of Public Health Preparedness and reporting directly to Commissioner Mullen.	
	CEMSMAC meeting next day will be discussing SCT, Blood Products not being in paramedic scope of practice. Many committees have not met due to the summer breaks.	
	Volunteer committee felt that the present state committees did not listen to them regarding the AEMT level. Fire rehabilitation committee putting out information on CO, and a question about 12-Leads being available.	
CONCLUSIONS	Need to be actively involved as Sponsor Hospitals on the CEMSMAC Committee. Need to get more EMS Medical Directors voicing their opinions on improving EMS going forward in 2012 and beyond.	
	Need more Medical Directors to look at the new Scope of Practice for EMT & AEMT and voicing their opinions on where they see these levels going. Also must buy into (Re) certification of these levels.	
	The EMS Coordinator Committee will assist EMS Advisory and CEMSMAC in any way possible.	

DISCUSSION	Long discussion on facts brought up during discussions with Consumer Protection	
	Regulations: There is no mention of EMS Narcotics use for Sponsor Hospitals. All rules, policies, regulations or laws speak to Hospital pharmacies and in-hospital or physicians.	
	Discussion on new analgesics being used, and each hospital follows the guidelines and placed forward by their individual sponsor hospital pharmacies.	
CONCLUSIONS	Discussion held to suggest to Consumer Protection, DPH (OEMS), and the state pharmacist group to format a statewide policy on handling of controlled substances by EMS. The Clinical Coordinator Group would like to be at the forefront of any committee/group to do this.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Clinical Coordinators would be willing to work with a select committee to place together a separate policy on EMS Controlled Substances.	Chairman	ASAP
	Sponsor Hospital EMS Coordinator Group	Now
Long discussion on Narcotic Regulations. After long discussion and finding various difficulties in each Sponsor Hospital it was decided that we would have a representative from Consumer Protection Controlled Substances attend to answer questions.		Phase 1- complete Schedule future discussion

MEETING CALLED	1450 by Chairman Russell
RESOURCE PERSONS	Chairman Russell
SPECIAL NOTES	Next meeting scheduled 10/11/2012 at MidState Conference Center East I (Pomeroy Avenue) with no call in

Connecticut EMS Coordinator Committee (DRAFT)

MINUTES

June 14,2012

1230-1450

CHA

MEETING CALLED BY	Thomas Russell Chairman
TYPE OF MEETING	Monthly Meeting with Special Guests Kristine Nasinyk & John Gadea from Consumer Protection
FACILITATOR	Thomas Russell
NOTE TAKER	Thomas Russell
TIMEKEEPER	Thomas Russell- Meeting called to order 1235
ATTENDEES	Barkinsky, Romano, Zacchera, Canning, Santacroce, Larcheveque, Gambino, Henschke, Burns, Brunet, Winters

Guests: John Gadea and Kristine Nassinyk (Consumer Protection) D. Bailey (DPH) , Dan Wassmer (Milford Fire), Sean Fitch (AMR)

Agenda topics: Reports & Consumer Protection May Minutes Accepted Winters, Santacroce

10 MINUTES COMMITTEE REPORTS EDUCATION & TRAINING **Did not meet prior to this meeting** ALAN HENSHKE

DISCUSSION	Tourniquets for EMR and BLS CPAP is complete, and SSI is pending	
	SCT being actively discussed as it enters its last revisions, Selective spinal was brought to CEMSMAC by Alan for discussion and their approval.	
	Tourniquets for EMR level plus training for all levels on tourniquets.	
CONCLUSIONS	See new business for Clinical Coordinators	
	The EMS Coordinator Group needs to be actively involved in the SSI, SCT, Tourniquets and DNR process at the Clinical Coordinator Level.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Alan will attend and participate in Education/Training meetings regarding the above items.	Henshke	To be determined
The EMS Coordinator Group will assist the Education & Training Group in facilitation of review and changes	Group	10/ 13/2012

10 MINUTES COMMITTEE REPORTS EMS ADVISORY/**CEMSMAC** LARCHEVEQUE
(EMS Advisory meet week after)

DISCUSSION	Discussion on committee structure. Who should be on committee and how to reach out to get a more diverse representation? Clinical Coordinators should be represented and have a vote on topics discussed. Clinical Coordinators will have a representative at every meeting. CHA Sponsor Hospitals to review regulations prior to full acceptance. Each Sponsor Hospital CEO invited to send representation to review regs. Steven Hanks from Hospital of Central CT to Chair.
	New Milford looking for BLS to do 12-Lead aguisition and transmission. Carin Van Gelder MD looking at different SSI regulations and will do comparison for CEMSMAC. SCT being reviewed by Kevin Brown on content.
	CPAP slideset too detailed should be more basic for EMT's as not everyone is using, To Ralf Coler and Education & Training for review.
CONCLUSIONS	Need to be actively involved as Sponsor Hospitals on the CEMSMAC Committee. Need to get more EMS Medical Directors voicing their opinions on improving EMS going forward in 2012 and beyond.
	Need more Medical Directors to look at the new Scope of Practice for MRT, EMT & Paramedic and voicing their opinions on where they see these levels going. Also must buy into (Re) certification of these levels.
	The EMS Coordinator Committee will assist EMS Advisory and CEMSMAC in any way possible.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Will evaluate as all state subcommittees have input. Need to make sure services comply with EMS Advisory & CEMSMAC	Committee	ASAP

2 HOURS

CONSUMER PROTECTION/ NARCOTIC BUREAU

KRISTINE NASINNYK/ JOHN GADEA

DISCUSSION	This special meeting came out of multiple discussions at the Clinical Coordinator meeting, and also individual sponsor hospitals discussions with consumer protection.	
	Consumer Protection representatives were requested by Clinical Coordinator Chairman to attend to clear up misconceptions on Rules & Regulations regarding controlled substances & EMS/Sponsor Hospitals. And how the Clinical Coordinators and Consumer Protection could better work together.	
	<ol style="list-style-type: none"> 1. Points: Sponsor Hospital pharmacy is in charge of the medications they supply to EMS 2. Consumer Protection is in charge of Security & Exchange of controlled substances. Including What is in kit, how many kits are in the system, what happens with controlled substances in the vehicles both on and off shift 3. Where are the controlled substances kits? There has been a rash of mishandling of Controlled kits. 4. Gaps in or protocols for handling not followed 5. Any change in #'s, placement, medications in kit must go through their department 6. New protocols for locking up controlled kits such as in lock boxes such as Knox Box. 7. How many kits may one person have before they exceed rules/regulations in place? 8. Paramedics carrying narcotics on person in case needed on call? 9. Hospital Inspections- Looking for: 10. Does paramedic have control of double locked box keys? 11. Are the controlled substances double locked? 12. Are the chain of control sheets signed? Or are there gaps in who had control of kit? Interesting was that even if there are gaps in signatures the last person documented as having it is responsible for any issues with kit. 13. Big issue is Personal drug issues having the narcotics and with access abusing them 14. Also interesting is the fact that many regulations that EMS complains about are DEA Regulations not from the CT Consumer protection. DEA have the National Control over the handling of narcotics on the National Scale and set many regulations that the CT Consumer Protection Narcotic Oversight cannot change. 15. State License to store on sight set by DEA that drugs can be stocked at EMS buildings only with a physician authorization with the physician having full responsibility on the handling and storing of keys and the controlled substances. The physician can obtain a site license for EMS by using their DEA license like they would for their practice. This would not need state approval; however, the state CP can come in and audit signatures/storage and then be responsible for any issues. 16. DEA Regulation- Can only get narcotics from one hospital (federal not state dictate). One ambulance one kit cannot hold multiple kits in one ambulance. Any loss must be reported within 72 hours including broken or missing vials. 17. DEA dictates that when narcotics are in an ambulance the doors must be locked. Long discussion on this topic and both representatives understood EMS concerns but Mr.Gadea stated that it is difficult to change DEA policies. 18. Fentanyl brought up they stated they were shocked when it was first presented as an EMS medication but not really an issue when physician authorization present. 19. Do not need signatures for standing orders as guidelines are frequently updated and standing orders should be on file with their office. 20. Controlled substances can be on site at ambulance services for < 24 hours then must be returned so they can be accounted for. 	
CONCLUSIONS	Services can have only one hospitals medications, cannot have multiple hospital suppliers Access to controlled substances must be documented. Kits must be checked frequently so if inspection occurs (or worse an incident occurs) a chain of ownership is clearly documented.	
	Physician who approves an EMS site obtaining and use of controlled substances would be allowed under their DEA license and be fully responsible for their storage, use, records and any issues up to and including loss of DEA license to prescribe controlled substances. The physician would not need Consumer Protection approval, but will still be held to federal regs.	
	Long discussion which allowed both Clinical Coordinators to have their concerns heard and also as they stated to hear and understand how EMS operates and see why some regulations do not fit in the EMS world. Locking of ambulance doors in bases, at ER's, on scenes will slow down transport and not allow the ability to rapidly access vital equipment immediately. Consumer Protection will send the state and federal regulations to the Chairman to be forwarded to the committee for informational purposes. We will continue to discuss and Consumer Protection requested we consolidate why EMS could be restricted in their patient care via the present regulations if followed as presently constituted. Discussion with Consumer Protection lasted over 2 hours of meeting.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Both consumer protection and the clinical coordinator group exchanged valuable information that will allow us to better understand the restrictions that the present regulations place on their interpretation of policy and how they can restrict EMS in performing	Committee	Completed John Gadea & Kristine Nassinyk willing to return to

RESOURCE PERSONS	Chairman Russell
SPECIAL NOTES	Next meeting scheduled 9/13/2012 with call in

May 2012 EMS Clinical Coordinators Committee

MINUTES

MAY 10, 2012

1230-1430

CONNECTICUT HOSPITAL ASSOCIATION
WALLINGFORD, CT

MEETING CALLED BY	Joe Larcheveque, Vice Chair
FACILITATOR	Joe Larcheveque
NOTE TAKER	Joe Larcheveque
TIMES	Meeting Called to Order at 1240. Adjournment at 1321.
MEMBERS	Joe Larcheveque (Stamford/Milford), Barry Barkinsky (Bridgeport), Alan Henschke (Norwalk), Jim Santacroce (Middlesex), Mike Zacchera (Hartford), Al Gambino (NHSHP), Kevin Burns (Yale), Paul Wentworth (Johnson Memorial)
GUESTS	David Bailey (OEMS)

ACCEPTANCE OF MINUTES	Minutes from April 2012 meeting not available. Tabled.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

COMMITTEE REPORTS	Full Committee	
DPH: Written report e-mailed by OEMS.		
Education and Training: A. Henschke reported the curriculum for EMR tourniquet and BLS CPAP is complete. Selective Spinal Immobilization is pending.		
EMS Advisory Board: April 2012 agenda and actions repeated at May 2012 meeting to address potential concerns with FOI requirements. Additional stakeholders were allowed to present their positions on the AEMT level. The Board again voted to eliminate the I-85 based AEMT level and not to support a level based on the 2009 AEMT standards. HB 5526 died in committee. The Board will continue to work on studying membership structures to improve their functionality.		
CEMSMAC: J. Larcheveque reports revised Tourniquet slides were provided by Education and Training. Curriculum was already approved at the April meeting so no action needed. Discussion on a Region 5 proposal to allow BLS units to acquire 12-lead ECGs and divert patients with positive STEMI findings to Danbury Hospital. Item tabled to allow regional stakeholders to attend the next meeting. Remaining meeting involved lengthy discussion on the current draft regulations. CHA to form hospital workgroup to develop hospital consensus on proposed EMS regulations.		
EMS-C: No report. M. Zacchera announced the 2012 EMS-C Conference date.		
Trauma: No Report		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

OLD BUSINESS	Full Committee	
Regulations Regarding Sponsor Hospitals: Continued discussion from CEMSMAC meeting report. Brief discussion on impact of proposed regulations on sponsor hospitals.		
Narcotic Questions for State Consumer Protection: Representatives from the State Drug Control Division will be present at the June 2012 meeting. Committee members should submit questions in advance so they have the opportunity to develop and provide accurate responses to the group.		
AEMT: Waiting for DPH Commissioner's ruling on the Advisory Board's recommendations regarding the AEMT level.		
STEMI Diversion Discussion: No discussion. Tabled.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

NEW BUSINESS	Full Committee	
Goals Going Forward: No discussion. Tabled.		
Reconfiguration of EMS Advisory Board: Covered in EMS Advisory Board report.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

ADJOURNMENT	Full Committee	
Goals Going Forward: No discussion. Tabled.		
Reconfiguration of EMS Advisory Board: Covered in EMS Advisory Board report.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Motion to Adjourn	Mike Zacchera	
Seconded	Kevin Burns	
Motion Passed Unanimously		

SPECIAL NOTES	Next Meeting Date: Thursday, June 14, 2012 at CHA.
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Connecticut EMS Coordinator Committee

MINUTES

1230-1445
3/8/12 & 3/16/12
CHA

MEETING CALLED BY	Thomas Russell Chairman
TYPE OF MEETING	Monthly Meeting
FACILITATOR	Thomas Russell
NOTE TAKER	Thomas Russell
TIMEKEEPER	Thomas Russell- Meeting called to order 1235
ATTENDEES	Barkinsky Zacchera, Letitia, Larcheveque, Gambino, Henschke, Quinlavin, Kellogg, Burns

Guests: K.Brown (OEMS), D. Bailey (DPH)

Agenda topics;

10 MINUTES COMMITTEE REPORTS EDUCATION & TRAINING
Did not meet prior to this meeting ALAN HENSHKE

DISCUSSION	Tourniquets for EMR, Selective Spinal Guidelines, SCT, Clinical Competencies, DNR	
	SCT being actively discussed as it enters its last revisions, Selective spinal was brought to CEMSMAC by Alan for discussion and their approval.	
	Tourniquets for EMR level plus training for all levels on tourniquets. AEMT discussion on moratorium on new courses and not supporting 2009 Scope of Practice changes	
CONCLUSIONS	Moratorium on new classes; however, issue is AEMT is still a viable level in CT with recertification and new course T-1. Changes need to be made at State level.	
	The EMS Coordinator Group needs to be actively involved in the SSI, SCT, Tourniquets and AEMT process at the Clinical Coordinator Level.	
	Coordinator questionnaire showed that 20 Sponsor Hospitals accept CEMSMAC opinion on AEMT and 8 do not	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Alan will attend and participate in Education/Training meetings regarding the above items.	Henshke	To be determined
The EMS Coordinator Group will assist the Education & Training Group in facilitation of review and changes	Group	10/ 13/2011

10 MINUTES COMMITTEE REPORTS
EMS ADVISORY/**CEMSMAC** LARCHEVEQUE

DISCUSSION	Discussion on committee structure. Who should be on committee and how to reach out to get a more diverse representation? Clinical Coordinators should be represented and have a vote on topics discussed. Clinical Coordinators will have a representative at every meeting.
	Trauma discussion on new Triage Guidelines, Scope of Practice with an Excel Spread sheet on changes- nasal airways out for EMR, CPAP for EMT, NG, OG tubes. Accepted Pulse Oximetry for EMT, Ventilators out for EMT in for paramedic, Hemorrhage control with haemostatic agents approved all levels. Epi pens not in Scope but remain as written in regulations, Auto Injectors for organophosphates will remain as in current practice. Central IV ports in scope but will remain in SCT and standard paramedic practice. Central monitoring only at paramedic level. IV fluid monitoring can be at EMT level is not currently in Scope of Practice. Heparin locks removed from SOP and will be at CT standard practice. Internal cardiac pacing monitoring only at P level. Therapeutic Hypothermia may be added at Scope of practice for paramedics only.
	SSI- Scope of practice tabled (should it be in Scope of Practice?) LVAD- should be taught at all levels how to treat patients with them. PASG/MAST removed from scope. Needle crich access is national SOP excludes surgical or Quicktach where in CT both are used.
CONCLUSIONS	Need to be actively involved as Sponsor Hospitals on the CEMSMAC Committee. Need to get more EMS Medical Directors voicing their opinions on improving EMS going forward in 2012 and beyond.
	Need more Medical Directors to look at the new Scope of Practice for EMT & AEMT and voicing their opinions on where they see these levels going. Also must buy into (Re) certification of these levels. Also paramedic level must be looked at by local Medical Directors on where they want their sponsored services to go in the future.

The EMS Coordinator Committee will assist EMS Advisory and CEMSMAC in any way possible. Blood glucose monitoring not in SOP will still need OEMS approval at EMT level. Thrombolytics retained in SOP and state/local control. Foleys not discussed.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Will evaluate as all state subcommittees have input. Need to make sure services comply with EMS Advisory & CEMSMAC	Committee	ASAP
Survey from Clinical coordinators brought to EMS Advisory and CEMSMAC for their information		Chairman has brought survey forward for EMS Advisory/CEMSMAC and OEMS information

2 HOURS

EMS-C

T.RUSSELL/BAILEY

DISCUSSION	Facility Designation regarding Facilities Pediatric Capabilities- Designation people may come to EMS-C conference in Rocky Hill; however, Saturday a difficult day for Hospital Administrators to come. Need to look at Special Needs Children and best destination for them. Facility designation issue may be cost for some hospitals as special pediatric equipment may be needed at lower level facilities which may increase costs for hospitals. Such as: Pediatric Femur splint, pediatric central lines, charts specific for children regarding medications/equipment.	
	New EMS-C chairperson from Hartford Hospital ED	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Clinical Coordinator group must follow this closely in order to obtain standards at each level for each CT Sponsor Hospital to determine what level each will attempt to become.	Committee	October 2012
With a new Chairperson EMS-C will be moving forward at an increased speed and the Clinical Coordinator group must be involved		Monitor going forward

10 MINUTES

TRAUMA

JANE WINTERS

DISCUSSION	American College of Surgeons support the New Trauma Triage position	
	Level one and Level two are synonymous in CT; however, CDC is different in procedures at each level	
	CEMSMAC approved American college of Surgeons new guidelines. Trauma Conference as of meeting had a very low sign up. Unusual compared to other conferences.	
CONCLUSIONS	Clinical Coordinators must be prepared for New Trauma Triage Guidelines	
	A subcommittee is being formed to look at Trauma data esp. elderly falls, pedestrian struck, motorcycle crashes	
	Dr.Teel to capsule data for evaluation of significant data	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Continue to monitor and assist the trauma committee with EMS issues	Jane Winters	Ongoing

90 MINUTES

COMMITTEE

COMMITTEE

DISCUSSION	Operation sail in Norwalk with multiple ships with a lot of visitors in July	
	CMED- Narrow banding a requirement for CMED and services going forward	

If State Fire Academy is holding CPAT testing in a Sponsor Hospital area and they are doing EMT skills prior to local service EMS response they must go through the supplemental EMT process

CONCLUSIONS

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Clinical coordinators must be involved in all aspects of EMS care in Connecticut	Chairman	ASAP
Clinical Coordinators need to put together a list of Narcotic questions and/or issues for Consumer Protection ASAP. <i>Consumer Protection will return to the Clinical Coordinator Group meeting on 6/14/12 to discuss questions/concerns</i>	Sponsor Hospital EMS Coordinator Group	Now

MEETING CALLED	1420 by Chairman Russell
RESOURCE PERSONS	Chairman Russell
SPECIAL NOTES	Next meeting scheduled 4/12/2012 at CHA

Connecticut EMS Coordinator Committee

MINUTES

2/9/2012

1230-1430

CHA

MEETING CALLED BY	Thomas Russell Chairman
TYPE OF MEETING	Monthly Meeting
FACILITATOR	Thomas Russell
NOTE TAKER	Thomas Russell
TIMEKEEPER	Thomas Russell- Meeting called to order 1240
ATTENDEES	Barkinsky, Zacchera, Letitia, Santacroce, Larcheveque, Gambino, Winters, Wentworth

Guests: K.Brown (OEMS), D.Bailey (Regional Coordinator)

January minutes: None submitted

10 MINUTES

COMMITTEE REPORTS EDUCATION & TRAINING
No Report

ALAN HENSHKE

DISCUSSION	Tourniquets for EMR, Selective Spinal Guidelines, SCT, Clinical Competencies, DNR	
	SCT being actively discussed as it enters its last revisions, Selective spinal was brought to CEMSMAC by Alan for discussion and their approval.	
	Tourniquets for EMR level plus training for all levels on tourniquets. New Instructor forms are on-line and all EMS-I's will have an opportunity to attend sessions with Kevin Brown on their use.	
CONCLUSIONS	See new business for Clinical Coordinators	
	The EMS Coordinator Group needs to be actively involved in the SSI, SCT, Tourniquets and DNR process at the Clinical Coordinator Level.	
	SCT finalized will be going through Education & Training to verify changes made. Slides <u>may</u> be available in March.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Alan will attend and participate in Education/Training meetings regarding the above items.	Henshke	To be determined
The EMS Coordinator Group will assist the Education & Training Group in facilitation of review and changes	Group	3/2012

30 MINUTES

COMMITTEE REPORTS EMS
ADVISORY/**CEMSMAC**
(EMS Advisory meet week after)

LARCHEVEQUE/RUSSELL

DISCUSSION	Discussion on committee structure. Who should be on committee and how to reach out to get a more diverse representation? Clinical Coordinators should be represented and have a vote on topics discussed. Clinical Coordinators will have a representative at every meeting.
	AEMT- (I) Currently the 1985 Intermediate curriculum is being used and practiced in CT. The CEMSMAC committee voted to abolish the level by July 1, 2013. They proposed a moratorium that no new AEMT courses be taught. CEMSMAC recommends that the 2009 AEMT level not be accepted by the State of CT as a certification level. National Registry not recognizing 85 level after 2013
	CEMSMAC is looking at SSI and Dr. Van Gelder MD reviewing the state DNR policies. CEMSAB- (Complete discussions can be found on CEMSAB minutes) Discussions- One state protocol, Annual EMS awards to CORC, Discussion on appropriation of monies from fines on moving violations to EMS issues (John G and S.Wolf MD will put together subcommittee to discuss), Survey Monkey questionnaire in March on Disaster Planning, New OEMS investigator coming in March,
CONCLUSIONS	Need to be actively involved as Sponsor Hospitals on the CEMSMAC Committee. Need to get more EMS Medical Directors voicing their opinions on improving EMS going forward in 2012 and beyond.
	Need more Medical Directors to look at the new Scope of Practice for EMT & AEMT and voicing their opinions on where they see these levels going. Also must buy into (Re) certification of these levels.
	The EMS Coordinator Committee will assist EMS Advisory and CEMSMAC in any way possible.

CONCLUSIONS Each Sponsor Hospital should re-acquaint themselves on local PSA		
Chair votes are as follows: Thomas Russell remains as Chairman and Joseph Larcheveque remains as Vice-Chairman		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Look at PSA list for state	Committee	ASAP
Current Chairs remain in place		

MEETING CALLED	1430 by Chairman Russell
RESOURCE PERSONS	Chairman Russell
SPECIAL NOTES	Next meeting scheduled for March 8, 2012 at CHA with phone in option. There will also be a meeting held at the State EMS Conference on March 15.2012 without phone in.