

**CT EMS Advisory Board**  
**Education and Training Committee**

February 15, 2022 Zoom Meeting

**Member Attendees:** Lou Brockett, Melissa Osborne, Joel Demers, John Pierce, David Burich, Charles Dunn, Jaclyn Nemcik, Mike Zacchera, John Pierce, Donna Lillis, Dr. Richard Kamin

Topic	Discussion	Action
Meeting called to order at 09:34	January Minutes  Motion by David, 2 <sup>nd</sup> by Charles	Approved
<b>OEMS Update</b> <b>Joel Demers</b>	<ul style="list-style-type: none"> <li>• Skill Station - Working on BVM/CPR combo station.</li> <li>• Skill Station - BVM station in the meantime has been updated and sent to chief examiners for review.</li> <li>• Protocols</li> <li>• Human Trafficking / QPR Committee asked if these classes should be should be a part of student's initial course.               <ul style="list-style-type: none"> <li>○ QPR does not have to be part of the initial course however it would be nice if it was included but it does have to be completed for renewal of EMT's &amp; EMR's.</li> <li>○ There is no set curriculum for this. The one from the local health department meets that standard or you can create your own curriculum which includes the memo and the text for your bullet points and it has to be 2 hours in length.</li> <li>○ Human Trafficking is a day and a half class which requires teach backs before you can be released to teach and additional classes and instructor classes will be offered this year. DCF owns the curriculum and decides who passes and fails. Human trafficking must be completed within 6 months of hire</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Awaiting implementation time frame</li> <li>• Once completed by them he will send to the committee for additional review and possible changes.</li> <li>• Protocols close to deployment</li> <li>• Joel will create a memo stating these are optional however encouraged in an initial course.</li> </ul>

	<ul style="list-style-type: none"> <li>Clinical Experience / Skills - Melissa has concerns with the lack human contact and the lack of clinical experience. Recommended bringing back victims in Medical testing centers to determine if candidates were qualified. Jackie spoke against this. 1 clinical contact does not make a person qualified. It will also scare the candidates as they have not been prepared for that. Also mentioned past issues with integrity and obtaining victims. Stated that it's not the exam sites responsibility to train folks and to put the ownership on the instructors. Mike Zacchera suggested paying victims and raising exam fees and continuing the clinical experience. John &amp; Melissa stated that from an employer standpoint, candidates are not prepared and they are having to spend additional time training them for the field.</li> </ul>	<ul style="list-style-type: none"> <li>John made a motion to require the return of clinical experience for EMT's (not EMR's) effective 6/30/2022 (10 patient assessment and orientation to the operations into and ED). Motion carried. Secretary will send an official request to Joel with this request.</li> </ul>
<b>CSEMSI</b>	<ul style="list-style-type: none"> <li>Last Meeting was November. Awaiting new website. Meeting Monday at 1800.</li> </ul>	<ul style="list-style-type: none"> <li>Lou will be sending to the group</li> </ul>
<b>CEMSAB</b>	<ul style="list-style-type: none"> <li>Melissa attended. Protocols are coming. Mental Health sub-committee put out information. Anyone needing the information can contact Melissa.</li> <li>Joel stated we had a \$15,000 grant to bring in an outside vendor on Trauma Response Training similar to CISD and he just received a signed contract today and started looking for a location to host these events. Needing an auditorium in Central CT. Has 1 year to do it. 200 people for a 2 day program (day 1 providers and day 1&amp;2 for supervisors) and 50 people for a 1 week program for those interested in forming their own Trauma Response Teams. Goal is to select 10 from each region.</li> </ul>	<p>Anyone that can host approximately 200 people please contact Joel</p>
<b>CEMSMAC - Melissa</b>	<ul style="list-style-type: none"> <li>They voted to accept the changes to protocols. Protocols have been posted to Trello.</li> </ul>	<ul style="list-style-type: none"> <li>Once protocols have been rolled out will need to update BLS protocols and other areas as well as the Paramedic.</li> </ul>

	<ul style="list-style-type: none"> <li>1<sup>st</sup> group of IFT checklist protocols have been presented to them which were also voted and approved. Items will be rolled out in small batches vs all at once. Minor changes to scope of practice which were approved. Goal is March for roll out.</li> </ul>	
<b>Regulation Review</b>	<ul style="list-style-type: none"> <li>Per Mike Zacchera – We’ve reached out to our liaisons and are awaiting to hear back from them.</li> </ul>	
<b>EMS Pro Expo - Lou</b>	<ul style="list-style-type: none"> <li>Meeting in October at Foxwoods.</li> <li>Adding Fire Pro</li> <li>Next week is the deadline for speakers</li> </ul>	<ul style="list-style-type: none"> <li>Anyone who wishes to present, please reach out this week.</li> </ul>
<b>MIH</b>	<ul style="list-style-type: none"> <li>Awaiting state to appoint someone. Office has no funding to put someone in this position. State working on trying to obtain funding.</li> <li>Suggestion to have legislation added to attach a minimal fee to something (ex: moving violations) to help fund positions and grants.</li> <li>Who benefits from MIH: the hospital, insurance and the patient. Suggestion that they write a grant to have this funded. Process unknown</li> </ul>	
<b>IFT – Osborne</b>	<ul style="list-style-type: none"> <li>1<sup>st</sup> five from the protocol committee have been sent to Cemsmac and approved with minor edits need to be made. Had good attendance at the education committee IFT subgroup committee last month. It’s a large project everyone taking a section and going through it.</li> <li>Protocol changes have been added to Trello. Summary of changes section has been added. Scope of practice document has been uploaded. New: EMT’s can trach suction. KED is coming out of seated SMR. Under medications – rectal diastat will be listed specifically. Pelvic binder, spinal trauma and pediatric transport with SMR, RSI medications and checklist and AHA updates uploaded. Blood, traumatic</li> </ul>	<ul style="list-style-type: none"> <li>Education needs to be written for suctioning of the trach</li> <li>Education goals and objectives needed for whole blood</li> <li>Both needed by March when they roll out the protocols.</li> </ul>

	<p>cardiac arrest, Trach care, Suctioning of an inserted airway are new protocols.</p>	
<p><b>Old Business</b></p>	<ul style="list-style-type: none"> <li>• BLS Presentations – tabled to March</li> <li>• Paramedic Exam – Tabled to March</li> <li>• Senate bills – No Update</li> <li>• SIM Training – CESI was already planning something. They want to pair with us. Create a list of what we want. SIM Conferences. Breakdown of by component, high vs low fidelity, simple sim, complex sim, sim on a budget, accuracy of a scenario, running the sim, making sure the equipment is ready and accurate, debriefing. Next meeting is 3/13 and we will invite them.</li> <li>• Mission Statement – tabled to March and we will approach Bill</li> <li>• Skill Sheets – discussed earlier with BVM. EMT vs EMR making the skill sheets clearer – Joel still working on</li> <li>• Protocols – goals and objectives for new protocols still being reviewed. We need to submit questions to our group. Blood training may have already been written by others will need to review options before recreating the wheel.</li> </ul>	<ul style="list-style-type: none"> <li>• Paramedic and BLS goals and objectives needed as well as a few questions. Review Trello for updates.</li> <li>• Create a SIM training list of what we want</li> <li>• Post items on Trello so they can be viewed by all.</li>   <li>• Melissa will create the Trach training and skill sheet</li> <li>• Look for blood product training programs</li> <li>• Need to create goal/objectives for rollout</li> </ul>
<p><b>New Business</b></p>	<ul style="list-style-type: none"> <li>• Charles Dunn – Confusion on BLS providers regarding onset of Anaphylaxis. They are under the impression it would be immediate. Request to update check and inject presentation to reflect minutes to several hours and days after exposure.</li> <li>• ALS practical Exam – Joel reported that NREMT is requesting to phase out the psychomotor testing at the Paramedic level and transfer that to the education training program as part of the competency verification. They are requesting feedback from the states. Many states are ok with it since the programs are accredited now. We have multiple checks and balances at the</li> </ul>	<ul style="list-style-type: none"> <li>• Melissa will make those adjustments</li>   <li>• Joel will advise NREMT we have no objections to the Paramedic changes and we can re-evaluate in 2 years if problems found decline.</li> </ul>

	<p>Paramedic level. NREMT increasing cognitive questions difficulty. Programs would need to create their own exit strategy for Paramedic completion.</p> <p><a href="https://www.nremt.org/Document/ALS-Redesign">https://www.nremt.org/Document/ALS-Redesign</a></p>	
<b>Chair Report</b>	<ul style="list-style-type: none"> <li>• Nothing to report</li> </ul>	
<b>Info Sharing</b>	<ul style="list-style-type: none"> <li>• Nothing to report</li> </ul>	
<b>Next Meeting</b>	March 15, 2022 at 0930	Meeting held via zoom
<b>Adjourned</b>	1111am	Submitted by: Jaclyn Nemcik