

Minutes  
Training Committee Meeting  
Freeway Medical Center  
10:30 AM 09 May 2005

Attending; Monte Gagliardi, Chair, Robert Chastain, Danny Bercher, Jerry Hutchinson, Jamin Snarr, Rod Barrett, David Taylor and Norajeane Miles. Visitors and Staff: Jeremy Bright, Stella Nelson, and Detrich Smith

Minutes were distributed by Jerry Hutchinson and approved as read by unanimous vote.  
Jamin Snarr Moved, Second

Old Business:

- a. First Responder survey results  
Tabled until next meeting as old business.  
Moved D. Bercher, 2<sup>nd</sup>. R. Chastain

New Business:

A. Computer Based Testing report by David Taylor  
Phil Dickinson of the National Registry of EMTs will attend the AEMTA Educational Conference in June to do a presentation and report to both the Training Committee and the GAC regarding the anticipated Computer Based Testing that NREMT will begin using in January, 2007. NREMT will not use paper testing after that date.

The committee was provided with a handout prepared by NREMT and Pierson Vue to explain the transition and advantages of the CAB. David briefly went over advantages including: Accessibility, results available in 48-72 hours, validation advantages, security and locations of exams. Students would be able to take the exam at any testing center in the country. Most Arkansas Basic students would travel less than 60 miles to test. Advanced students might need to travel a little further. Disadvantages were additional fees for testing and some minor paperwork changes. Brief discussion held about the practical exam and how it might need some change.

- B. The Training Committee spent the remainder of the meeting discussing a response to the Scope of Practice Task Force regarding Draft #2.

National Scope of Practice Model, Draft #2

General notes:

Allow that all EMT, AEMT, as well as Paramedic might use their skill set inside the hospital setting as well as pre-hospital. We recommend using the terminology "patient care setting". This would allow for use of these skills in hospital, clinic and other medical settings. Many hospital-based services use their EMTs in-house. This also allows for staffing where hospital personnel are scarce.

Medical First Responder:  
In agreement.

EMT (basic skills)  
Add ventilation of the intubated patient  
Add tracheobronchial suctioning.

AEMT  
General concern with the term, “advanced EMT”  
NREMT tested 5412 Intermediate-85 and 1397 Intermediate 99 in 2004  
without any “name” confusion that we are aware of. Our recommendation  
is to use the term “Intermediate”.

Regarding medications. The committee is OK with Sub-q epinephrine,  
glucagons, Narcan, Beta Agonist, Nitrous oxide, and sublingual  
nitroglycerine.  
There was a concern about inhaled beta-agonist for dyspnea and  
wheezing. Recommend that it be a metered dose form of inhaler only.

Paramedic  
Agreement with the skill set as listed, however, there was some discussion  
about the availability paralytics regarding intubation for those with  
appropriate training and medical oversight.

The Training Committee agreed with the Scope of Practice Task Force in their  
decision to put off development of the proposed Advanced Practice Paramedic  
until it can be investigated in a more complete forum.

A letter will be compiled from the above recommendations to be reviewed by the  
Training Committee members before it is sent (via email) to all GAC members  
for review. Monte will provide a cover letter from the Training Committee. Dr.  
Lebovich will be asked for a cover letter from the GAC and David Taylor will  
provide a letter from the Office of EMS.

Danny, Norajean and David will coordinate notes from this meeting for the  
response to the SOP Task Force. Deadline for submission to the GAC members  
will be Monday, May 16, so they can respond in a timely manner and the  
response can be forward to the Task force.

Next Meeting – June, 28, 2005, Hot Springs Convention Center – AEMT Convention  
10:00 AM

Meeting Adjourned