

Having the ability to search the PDFs in the ASRC Archive is handy for questions like this. Here's what I found. Some of the recognition is not very good, but the originals are at the asrc archive if you want to look at them. This is a lot of information but I thought that a compilation of BOD reports and actions would be useful as we plan to make a major restructuring of our medical system.

In particular, there are records in

2006-04-08-ASRC-Membership-Minutes

that the BOD appointed state OMDs (Operational Medical Directors). Therefore, the BOD will need to vote to de-appoint them.

However, I could find no definition of the duties of an OMD.

It might make sense to discuss at the same time whether there needs to be (a) an overall physician Medical Director for the ASRC, and/or (b) a Medical Direction Committee consisting of the Group Medical Directors (or, if the Group doesn't have one, the Group's Medical Officer), plus or minus other ASRC physicians.

It would be nice (and more professional) if the ASRC had a uniform set of protocols for wilderness first aid level care, and such a Medical Director or Committee could provide this. This would apply to care rendered by members of Groups who operate at the first aid level. For Groups with advanced medical capabilities, these protocols would still be used by those who are not credentialed to provide such advanced care.

Also, we may want to change the ASRC's Virginia BLS license to Group licenses for SMRG and BRMRG as we are getting rid of our state level OMDs and we can't be an EMS agency without an OMD.

1984-01-06-ASRC-BOD-Minutes:

"ALS Protocols (Gary Mechtel) There is interest, in obtaining Advanced Life Support capabilities. Each group has some ALS qualified members at this time. There is also concern about the legal and other complications involved. The ASRC Board decided: All ALS Protocols must be established by a Medical Director who is external to the ASRC. This Medical Director must be an experienced Emergency Medicine MD who is appointed by the ASRC Board. All ALS Protocols must be approved by both the Medical Director and the ASRC board."

1986-12-06-ASRC-BOD-Minutes:

"The ASRC application for certification as a VA EMS agency will be sent in this week. Dr. Christoph will be the Medical Director for the ASRC. ASRC members currently running on a rescue squad in the c) ...Thomas' Jefferson -EY.fS -District 'who are .certified in ALS will be able to provide ALS care on ASRC incidents up to the Shock Trauma Level. Currently, this only includes Bill Mackreth (EMT-P) and Ted Dettmar (E~IT·ST). UVa. Hospital will purchase a backpack drug box. As a state EY.fS agency, the ASRC will have many new administrative requirements, an E)ft must be present on an evacuation, patient treatment must be recorded, the ASRC must have an Operations } manual, as long as the ASRC does not have an operating vehicle, there are no equipment requirements. "

1987-02-08-ASRC-BOD-Minutes:

"Medical Committee: (Bob Koester, Chairman) The "Medical Chapter" for the ASRC Membership Manual has been included in the most recent BRMRG training manual. Keith Conover and Bob are continuing revisions on this chapter for the Training Committee. The ASRC has passed the licensing process as a Virginia EMS Agency. Several canvas medical packs have been donated to BRMRG and will be used as the group's ALS packs. The UVa hospital will stock them. Bob needs a COMPLETE listin~ from AMRG and SMRG of their members Social Security Numbers, EMT permit numbers, xeroxes of each permit, etc. to be included in the ASRC's EMS records to meet with Va Department of Health requirements."

1987-05-10-ASRC-BOD-Minutes:

"Medical Committee: (Robert Koester, ASRC Medical Committee Chairman)

Bob reported that Keith's latest revision of the EMT-W program was approved by himself and members of the ASRC Board which Keith telephoned. This version is at the printer's now and will be distributed at NASAR. Bob and Ralph Wilfong are attempting to pass the EMT-W program through the same procedures that the GSAR program followed on its way to acceptance by the Commonwealth of Virginia. The is

a possibility the EMT-W curriculum could be offered through Va. DES in the future. Pending Virginia Department of Health approval. Bob has received permission from Dr. Christoph for ASRC Paramedics on SAR incidents to use all drugs that are currently used by National Park Service medics. Bob presented his draft of ASRC medical protocols. They are currently under revision and Keith has suggested that all ASRC medical advisors also review and approve the document. Any revisions

should be sent to Bob within two weeks from this meeting. Printing on water-proof stock is estimated to cost \$2.30 a copy. Bob has found interest both among ASRC members and other SAR Council groups in purchasing this document. Bob will present another draft and a printing recommendation at the general membership meeting. Finally, Bob expressed concern that he was one of the only ASRC members outside of AMRG that was carefully reviewing the EMT-W Prospectus. While he approves of the current version, Bob feels other ASRC members and especially the Board need to look closely at and consider the ramifications of this program carefully."

1987-10-03-ASRC-BOD-Minutes

"Medical Committee; (Robert Koester, Chairman) Bob reported that he is now representing the ASRC on the Governor's Disaster Task Force. Bob's Draft Version 2.4 of the BLS guidelines is now in circulation. A new edition should be completed soon and will finally be going to the printers then distributed to ASRC members. The estimated cost is \$1.50 -2.50 a copy. Bob encouraged each group to contact their local EMS council and take part in their meetings. It was mentioned that gloves and goggles might be required, in the future, to be carried by EMS agencies as part of a state or federal mandate relating to AIDS and patient care. Bob distributed the Va. EMS Communications Directory to each group. There is a good chance for a Va. pilot W-EMT program to be offered in Charlottesville in the Spring of 1988. Bob is coordinating this effort. Bob also distributed two versions of standards for minimum medical kit contents. Finally, Bob is researching the possibility of using the step test as a physical fitness requirement within the ASRC."

1989-06-03-ASRC-BOD-Minutes:

"Medical Committee: Bob Koester has drafted standards for the 8 and 16 hour course in wilderness first aid. He will continue to investigate issues regarding ASRC use of that course. New state law requires an Infection Control Officer for all EMS agencies. The board appointed Bob to the position. Dr. Christoph allows BRNRG WEH grads to use their skills, meds, etc. However, other groups must find an operational medical director who will allow them to cooperate. Bob developed a 'suggested' minimum equipment list some time ago, and this will be considered for adoption on 128 the ASRI: 'suggested' minimum medical equipment list. The American Alpine report form 19 enclosed for those who did not receive it in Cindy's mailing."

1990-04-07-ASRC-BOD-Minutes:

"Medical: currently Bob Koester, who is willing to continue. Position duties include supervising WEMT and Wilderness First Aid Projects, Medical Advisory Board (Medical Directors for Pennsylvania and Virginia). Others suggested: Carolyn Szostak, David Stooksbury."

1991-02-02-ASRC-BOD-Minutes:

"MEDICAL (Stooksbury) VA EMS Agency license received. ASRC is now a First Responder Agency and a Basic (Shock Trauma) Agency. The new Medical Director for the conference is George Linbeck. The medical officer requests that each group sends in photocopies of each of their member's medical certifications. . ASRC medical standards entered into the minutes (see attached) to be distributed to each of the grotlps."

1992-04-30-ASRC-BOD-Minutes:

"MEDICAL: ~ David Stooksbury is Medical Officer for the summer; Bob a~ Koester will take over in the fall. .~ Our OMD is Dr. George Lindbec~D for the TJEMS area ~ (the EMS council centered at Charlottesville).

ASRC medical protocols were adopted at the Dec .1990 General Membership Meeting and two copies were handed to each GTO at that time. BLS protocols written by Bob Koester are the ASRC standard. They can be photocopied for ASRC use. ALS protocols for ASRC are the TJEMS council ALS protocols by necessity, since our OMD is in the TJEMS area. Only TJEMS ALS techs or Paramedics can practice under the ASRC license. until there is a state standard drug bOX, it has to be that way.

Will report at next meeting on OSHA blood-borne pathogens regulations. No written report submitted."

1992-08-29-ASRC-BOD-Minutes:

"MEDICAL:

David Stooksbury submitted the attached letter in resignation as Medical Chair, with important comments on information needed for the VA EMS license renewal in DEC 92. His replacement, Bob Koester, also submitted an attached letter of resignation as Medical Chair. Scott Shuffield was then appointed to the position, having extensive appropriate experience and training in the military and elsewhere (see attached list of qualifications).

The OSHA blood-borne pathogens regulations do not apply to volunteers in Virginia. There is some speculation that when under DES liability coverage, we effectively become state employees, and the potential ramifications of this are being examined. It may be necessary/prudent to establish an "Exposure Incident Kit" containing the forms and procedures necessary to immunize anyone who does become exposed.

As a Pennsylvania EMS agency, we are required to offer free hepatitis B vaccinations to any EMT's or paramedics who will be operating in Pennsylvania. (Non-PA EMT' s do have "hotpursuit" reciprocity when responding to PA on a mutual-aid basis, as we do.)

A Wilderness EMT course will be offered in Pennsylvania in November. Contact Keith Conover of AMRG for information. Lesson plans, a prospectus for the textbook and an order form for the available text modules are attached to the file copy of these minutes at ASRC headquarters. A Virginia course might again become available in the next few years if funding and personnel can be found. The course requires previous EMT training and basic SAR knowledge."

1992-10-10-ASRC-BOD-Minutes:

"MEDICAL: SEE ATTACHED WRITTEN REPORT ("Medical Newsletter") Keith Conover gave a report on the status of the W-EMT Curriculum Development Project. A written report is attached.

Gary Mechtel requested that a policy be created concerning medical activities at fundraisers, especially across state lines. He also suggested a MOU on interstate medical activities with all our primary states of operation.

The Virginia OMD approved Bob Koester's Outdoor First Aid as medical protocols for the ASRC with three changes. The book is written for the lay public. Inserts will be provided to ASRC members or Groups purchasing the book which cover the required changes.

Keith Conover (OMD for PA) stated that separate protocols for PA will be developed in 1993. The Surry County search produced at least one case of confirmed Rocky Mt. Spotted Fever and at least one case of confirmed Lyme Disease.

Keith Conover shed more light on the OSHA requirements issue. V A is a "planned" state. The surrounding states are not. In "unplanned states" it has been recommended that the OSHA requirements be treated as though they apply to volunteers until notified otherwise."

1994-04-23-ASRC-BOD-Minutes:

"Medical Licensure in Maryland (Peter McCabe) - Peter has arranged for the ASRC and MSAR to be recognized as a non-transport Basic Life Support Unit in Maryland. "MIEMSS [Maryland Institute for Emergency Medical Services Systems] will recognize ARSC [ASRC], Inc. as a Nontra~

support Basic Life support Unit when credentialed members and/or advisors are conducting training and/or performing search and rescue missions in Maryland." signed Ronald B. Schaefer, REMT-P, Director for EMS Field Operations."

1995-06-24-ASRC-BOD-Minutes:

"Medical Report: (Rob Christie not present however 2 memos were read by Dave Carter) Memo #1 • We don't have files for all our people so that our OMD knows who we have and can tell who is expired and such. There will be a form mailed to each member and several to each group. All personnel call out qualified and above are required to fill out this form and return it to the conference medical officer by August 1st. Also all new applicants will have to turn one in prior to receiving call out qualified status or above. Comment by William Dixon: We should make this a requirement of the conference to give it more teeth. However there is an issue of confidentiality, these should have to be kept under lock and key. Memo #2 -Patient Care Report. The ASRC PCR is done we must use it when we care for any patient. Books will be issued to explain in detail how to fill out these forms. In short, the PCR has three parts that will be distributed as follows. Part 1 goes to ASRC files, Part 2 to the Groups files, Part 3 to the EMS agency or the hospital. Part one will be sent to the ASRC within 72 hours of treatment. We are responsible for what we do. We can also do a demand report and possibly ask for money."

1995-08-26-ASRC-BOD-Minutes

"MEDICAL COMMITTEE REPORT

Rob Christie was not present till later. Conover (AMRG) handed out a patient treatment record form used by the Wilderness EMS Institute. With late arrival of Christie, he distributed new 3-part carbonated ASRC patient care report form to be used by ALL ASRC groups in any group activities the Group participates in. Cost of these forms is \$155 per set, OIC. The goal in using these new forms is to develop a centralized ASRC tracking process so the ASRC can report to its several state medical agencies our true level of services. It was announced that Maryland is in the process of changing its medical protocols and that new procedures are being developed."

2000-06-17-ASRC-BOD-Minutes:

"Medical Committee

Goals for ASRC Medical 2000

1. Search for a new Medical Director
 - a. Development of protocols (every group member gets a copy)
 - b. BLS
 - c. ALS
 - d. Reason for upgrade to ALS EMT-P
 - e. WEMSI -vs- TJ EMS or both
 - f. Training of ASRC personnel in new protocols
2. Medical form
3. Personnel form
 - a. Copies of certifications
4. Inventory form
5. Training schedule
6. Medical Equipment Check List
7. Quarterly Check List
8. Definition of Basic First Aid Kit
(WEMSI Minimum Module)
 - a. Search module
 - b. Advance module ALS
 - c. Base module
 - i. BLS
 - ii. ALS
 - d. Evac module
 - iii. BLS to include stokes basket, backboard, etc.

iv. ALS

9. Why is current ALS gear not being brought to searches

- a. How to transport ALS gear
- b. Pharmacy Board Regs
- c. What to do at base
- d. Transporting into field and back
- e. What to do back at locker

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10. Liability of not bringing appropriate gear

Liability of qualified personnel not practicing to level

11. Patient Care Reports (PCR)

- a. ASRC vs. State of VA
- b. Training of all ASRC personnel in PCR forms
- c. All PCR's must be turned into ASRC Med Officer for review
- d. Group will make a paper copy of original

12. ASRC personnel without minimum Medical qualification

- a. What to do ASRC Bylaws pg. 11 6.4, 6.5
- b. Only members w/o med certs is a CQ
- c. Does this mean that the member is dropped down to a CQ until current
- d. ASRC liability if member attend patient

13. Full / Affiliate member group/s that are also a Rescue Squad

- a. Protocols use on search
- b. Show up at search as Rescue Squad in their uniform w/o ambulance
- c. Show up at search with Ambulance (Top of Va.)

14. Medical stand-bys

- a. Problems
- b. Liability of ASRC whether or not we wear ASRC uniform
- c. Protocol use if not ASRC then none"

2003-02-03-ASRC-BOD-Minutes:

"Medical Report: It was confirmed that recent purchases had been made to satisfy the bi-annual licensing exercise. VAEMS would require, from March 2003, background criminal checks on all new members of ASRC. Existing members would be covered by grandfathering arrangements. Further research is required to determine which agency is to bear the costs of this exercise. It is also not clear how ASRC members who live outside Virginia, or members of groups not based in Virginia would be covered. Nor was it clear whether groups could seek these checks or whether the ASRC should have a central 'clearing house'. Action Dorrow"

2003-04-12-ASRC-BOD-Minutes:

"Medical Report:

i) It was reported that the background checks required by Virginia applied only to new members. Due to IT problems the State Police preferred a written version and so a .pdf version of the form would be on the ASRC website. The service was free for 'Volunteer Rescue Squads' and as such the ASRC was recognized as such. Therefore groups could act independently and pay or have the replies sent to the ASRC to avoid payment.

Response times are stated to be 7-9 days. Technically a new recruit should not be on a task until the background check had been completed and returned. In practice there would rarely be a problem as searches are not frequent events.

Groups should shred the form on receipt from the authorities and annotate the personal file that such a search had been completed. If the report was adverse, then immediate action should be taken and the completed form retained.

The ASRC Records Officer would handle the incoming mail at The Locker.

ii) It was moved that up to \$100 be allocated to purchase an item for the outgoing OMD.

iii) It was reported that the ASRC Medical Committee Chair was looking for support and MDs from the states other than Virginia.

iv) It was noted that the current rules require CPR to Healthcare standards. This ruling is to be reviewed as it was felt it might be excessive. Med Off

It was reported that Pennsylvania is reviewing its protocols.

It was reported that the ASRC should consider purchasing an AED. It was reported that the price may vary from \$3,000 to \$1,685. It was noted that an EMT is required to accompany a subject once the subject is being moved by litter. Med Off"

2003-07-12-ASRC-BOD-Minutes:

"An AED is required in order to have an EMS license in Virginia. The conference owns some other base level medical equipment. Concerns were raised that the AED would only be in VA, or even only in Charlottesville. A further question was raised asking if the conference should even have a license. It was stated that background checks, grants, etc., all need it. A question was asked about medical malpractice coverage; it was stated that it was provided by OMD. It was suggested that grants were available that might assist with the purchase of an AED. One such grant is from VAOEMS, who have 50/50 or 80/20 grants available; the deadline is 15 September 2003. Suzen Collins will work on writing a grant proposal for the defibrillator.

Motion: Authorize a matching of up to \$750.00 for the AED to meet matching requirements.

Discussion: Is there a specific AED that the OMD wants, that needs to be detailed, would help with costs. (\$3500.00, or used ones; LP-10 in \$2800.00 to \$4000.00 range) What we are looking for is beyond a plain AED, needs extra functionality for the EMS license. Where could it go? Is the conference (in PA, MD, WV) the usable region?

Motion Passed."

"Medical Report

Procedures are on the web for background checks for new people after 1 Jan 2003. A suggestion was made that the form be modified to have a "Printed Name" space for legibility issues.

Jason Dalton will process return paperwork to speed the process in absence of records officer.

The CPR training level should stay at "CPR at Healthcare Provider" / "CPR for the Professional Rescuer" due to Infection control coverage and all ages CPR.

Other action items for the Medical Officer have not been addressed.

National Ski Patrol is looking at making their medical training available in VA; it would include Outdoor Wilderness Emergency training."

2004-07-10-ASRC-BOD-Minutes

"Medical Officer's Report:

- o Welcome to Don Scelza as the Medical Officer. He has been working to meet all the GMOs. As he learns the position, he is asking who are we providing service to (team members or the subject), does ALS make any sense, does CPR even make sense, and how does Urban SAR impact our medical needs?
- o As the MO is new, the Protocol Revision is still being learned.
- o Another question the MO is investigating is the Infection Control Officer (ICO), wondering do we even need one, and are we an agency?"

2005-04-09-ASRC-BOD-Minutes:

"9. Medical Officer's Report:

- 9.1. Recommendations have been made about CPR protocol.
- 9.2. The OMDs will provide guidance from the doctor's perspective on CISD.
- 9.3. ALS licensure should continue in the meantime.
- 9.4. Suzen Collins (PSAR) offered assistance with online training.
- 9.5. Guidance on Group medical kits will be issued in due course."

2005-11-13-ASRC-BOD-Minutes:

"8. Medical Officer's Report:

8.1. There was discussion about the ALS / BLS level provider (an automated defibrillator, necessary for either, has been ordered and is awaiting delivery from the company). It was reiterated that the ASRC is no-one's primary affiliation as ALS / BLS provider. Is it worth the ASRC's while to remain ALS? Don Scelza (CMO) has suggested that the ASRC drop to BLS. Originally (15-plus years ago) the license was set up to cover members who were ALS and were on searches where ambulances arrived with BLS personnel but ALS equipment. Some of the original stipulations: that any provider must run with another squad; that we defer to local

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EMS if they could provide capability; and we would be treated by the state similarly to the helicopter teams, in that we could supply our service anywhere in the Commonwealth. It has been taken advantage of at least once in that time. It was noted, however, that a provider is not supposed to use equipment that is not their own, that their skills 'expire' outside their area.

8.1.1. Could a provider obtain 'orders' from a local jurisdiction while in the field to perform to their level of training? Yes. Could even pull equipment off another ambulance and operate on protocol.

8.1.2. Would the VA OMD provide standing orders even if we are not a standing ALS agency? Not sure.

8.1.3. Could a non-VA licensed person operate in VA? No.

8.1.4. There was a concern that we represent ourselves as ALS, but we don't always have the appropriate equipment at the search (and for that matter, we don't always have the

appropriate personnel). But the question was turned around; do we even claim we are ALS anywhere? No.

8.1.5. Motion passed that for the present time, the ASRC will maintain the ALS certification, as long as there is no cost to the conference. There were four abstentions. This is an update to a motion to move to BLS that passed at the last BOD meeting.

8.1.5.1. A suggestion was made that Bob Koester's comments on the origins of our ALS certification be documented (perhaps on the Map and Compass) for future reference.

8.1.5.2. Do we misrepresent ourselves as ALS? Or do we merely hold it in our records? No, we can call ourselves ALS without having the gear or the personnel available at all times. But getting someone to perform an ALS action when we do not have the license is much harder.

8.1.5.3. Is there a wasted benefit because we toss our drug box every few months because we never use it?

8.2. CPR issue: the ALS/BLS providers (in VA) need to hold CPR. Currently ASRC FTM and up is Healthcare Provider with Child (a ten-hour training).

8.2.1. Alternative institutes include ASHI (American Safety and Health Institute) and NSC (National Safety Council). Instructors should adhere to American Heart Association (AHA) standards.

8.2.2. There is a difference between Lay Person CPR and Professional Rescue CPR; the latter presumes BVM, etc., which is significantly more equipment than we carry/use.

8.2.3. Motion passed to reduce the basic requirement from Full-Health Care Provider to Adult CPR for the Lay Person. There was one against and one abstention.

8.2.3.1. Blood Borne Pathogens training needs to be included and can be done via the

web.

8.2.3.2. It was suggested that the ASRC set a minimum standard and groups could set a higher standard if they so desired.

8.2.4. Motion passed that the ICO identify an easy method for BBP conference wide training; WV OMD (Carl Werntz) volunteered to set up a web-based course.

8.2.5. Motion passed that the BOD approves any provider who follows the American Heart Association CPR standards is acceptable, including but not limited to ARC, ASHI, NSC, and AHA.

8.3. WEMSI issues: This is a cross-state standards issue. The three OMDs probably need to address on a state basis. There is an ASRC requirement for WEMSI in PA. WV OMD offered to develop one for WV. In the MD setting, without a MD OMD, it was discussed whether we needed to do WEMSI, but MD standards are watered down WEMSI and we don't want to overstep.

8.3.1. Action Item 20051113_02: WV OMD shall contact the VA OMD regarding this.

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8.3.2. Action Item 20051113_03: DELMARVA will investigate finding someone to develop Medical standards (or even be MD OMD) for MD for the ASRC.

8.4. Don Scelza (Conference Medical Officer) would like to step down due to perceived lack of support from GMOs and BOD. (He is at PASARCO this weekend, as the Chair of that organization.)

8.5. As part of our EMS license, we do background checks. Originally we said third-party background checks were not acceptable. SWVaMRG, as part of the Blacksburg Rescue

Group, did background checks there and the BOD accepted those. A couple of court cases recently regarding third-party checks supports the Board's original stance. As a member group of the ASRC, should the Blacksburg Rescue Group be able to run the checks and supply the info to the Board?

8.5.1. Action Item 20051113_04: Vice Chair will write to EMS for clarification on who can submit and do the check."

2006-04-08-ASRC-Membership-Minutes:

"8. Addendum: During the BOD Meeting that followed, a new slate of officers was elected and appointed for the 2006-2008 term.

8.1. Chair: Steve Weiss (SMRG)

8.2. Vice-Chair: Keith Conover (AMRG)

8.3. Treasurer: Jen Clifton (BRMRG)

8.4. Secretary: Steph Bean (PVRG)

8.5. Operations: Bob Allam (PSAR)

8.6. Training: William Dixon (SMRG)

8.7. ASRC Dispatch Coordinator (ADC): Alex McLellan (SMRG)

8.8. Comms: Keith Crabtree (SMRG)

8.9. Safety: Carl Werntz (MARG)

8.10. Infection Control: vacant

8.11. Public Information Officer (PIO): vacant

8.12. Medical: vacant (possibly Bob Koester, BRMRG)

8.13. Roster: Steve Weiss (SMRG)

8.14. Webmaster / News: Evan Keto (PVRG)

8.15. MD OMD: vacant

8.16. PA OMD: Keith Conover (AMRG)

8.17. VA OMD: March Cuttino (none) (possibly Bob Koester, BRMRG)

8.18. WV OMD: Carl Werntz (MARG)"

2006-07-15-ASRC-BOD-Minutes:

"4.8. Medical Officer report:

4.8.1. ALS licensure:

4.8.1.1. Discomfort with continuing as ALS -Will not cover entire response area, equipment seldom available at a search; cannot operate at paramedic or cardiac tech level

consistently; supplies are an issue

4.8.1.2. Recommendation that licenses should be held by groups with ASRC as oversight body

4.8.1.3. Bob Koester explanation: reasoning behind initial license; would need for any WEMT level care; ASRC members going to treat as well as possible under whatever

circumstances – the license gives some protection; has helped with grants in past; could be better utilized – particularly in light of PLB response; no requirement for aid or equipment

4.8.1.4. Group-based licenses would require individual OMDs in different regions

4.8.1.5. BOD reps and group medical officers need to support CMO for documentation in order to maintain/ keep license – any patient care reports must be filed with medical officer; form available on website; out of state reports important for files, but not necessary for license

4.8.1.6. Implementation will be through Ops/ Medical

4.8.1.7. Discussion of other states will be under strategic plan

4.8.1.8. Make sure group medical officers contact Conference Medical Officer"

2007-07-15-ASRC-BOD-Minutes:

"4.3. New OMD for VA to address lack of response from current OMD – falls under medical officer

4.3.1. Bob Koester clarifies that we have an online medical command through University of VA;

but also knows of potential OMDs who could fill the role

4.3.2. OMD approves protocol, approves people who can operate; does paperwork for QA

4.3.3. Position description could be helpful – some exist already

4.4. ALS licensure review – up for renewal in fall; Roger trying to recreate records

4.4.1. Having someone in Charlottesville is critical to review, must know where gear is kept and

have records from Medical officer; could be helpful to contact Kevin Maskell"

"4.8. Medical Officer report:

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2008-04-12-ASRC-BOD-Minutes:

"4.3. Medical officer moving towards recommending that we recertify as BLS rather than going through the ALS again. The biggest concern for that is to responsibly dispose of unneeded drugs and equipment."

2008-07-12-ASRC-BOD-Minutes:

"5. Medical Officer Report:

5.1. No report. Have sent out emails to all group medical officers but have had almost no contact with any of them. If they're not treating anyone right now then there's really nothing for them to report.

5.2. Some of our equipment in the locker is outdated, does not reflect current technology. Upgrading the equipment would be prohibitively expensive. Recommend that we do not maintain the ALS license. Recommend dropping to a BLS license. BLS level is EMT plain. Would not change how we currently operate in the field.

5.2.1. Insurance agent indicated that our medical liability is not tied to whether we are ALS licensed.

5.2.2. Discussion indicates that that is incorrect.

5.2.3. Does not affect our coverage. We have no coverage as medical practitioners. This is a bad thing and should limit our treatment options.

5.2.4. Can we change the station location to someplace more convenient? Answer: Yes.

5.2.5. Determined that medical officer should be empowered to make decision regarding station location.

5.2.6. Group medical officers: Need lists of providers as soon as possible with level and certification date. First responder and above only. Only Virginia-based teams.

5.2.6.1. TSAR does not have a list of the types of certifications.

5.2.6.2. Other groups do and recommend collecting this information.

5.3. Motion to recertify with a BLS license in October when the ALS license lapses.

5.3.1. Seconded.

5.3.2. Motion passes"

I'm impressed you read this far.

Thank you.

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