Medical Control Committee
August 18, 2011
Heritage Building
McNeely Conference Room
10:00 a.m.

MEMBERS PRESENT	*MEMBERS ABSENT*	*DHEC STAFF*
Ed DesChamps, MD	John Sorrell, MD	Jennifer Paddock
Doug Norcross, MD	Richard Rogers, MD	Henry Lewis
Mac Nowell, MD	Carol Burger, MD	Don Whiteley
Raymond Bynoe, MD	William Gerard, MD	Leslie Wood
Garrett Clanton, MD		
James Smith, MD		
Ron Fuerst, MD		
VISITORS PRESENT: Brian Lechner, MD, Van Gauby, MD, Joseph Campbell, Adam Mandel, MD, John Todaro, Glenn Cook, John Zaragoza, Kate Smith, Rickey Bell, Aaron Dix, Van Gauby, MD, Tim Miller, Ryon Watkins, Jeane New, Tyler Dennison, C. Reeves, Robert Hingst		

AGENDA ITEM	*DISCUSSION*	*ACTIONS*
Call to Order	Meeting called to order by Dr. DesChamps	
Freedom of Information	Freedom of Information Act read by Ms. Wood.	
Approval of Minutes	Dr. DesChamps asked the Committee for approval of the minutes from the June 2, 2011 meeting.	*Dr. Clanton made a motion to approve the minutes from the June 2, 2011 meeting. Dr. Norcross seconded the motion. All were in favor. There was no discussion. The minutes were approved.*
Staff Report	Ms. Paddock reported that the budget was cut 6%. She stated that DHEC received 6 million dollars in access to care funds and that the Executive Management Team will utilize the funds to offset staffing positions in jeopardy of losing their funding. She reported that the Division recently lost an inspector and will be interviewing for two new inspector positions within next few weeks. She reported that the Bio-terrorism Coordinator position has been cut. Ms. Paddock reported that	*Informational Only*

	Grant-in-Aid funding to counties was cut 20.2% and Grant-in-Aid funding to the regions was cut 24.5%. She stated that Grant-in-Aid contracts will be now processed by disbursement instead of reimbursement. She added that the process will include completing an application to be sent to the Division, then the contract will be sent out to the County Administrators. She added that Trauma funding was not cut.	
OLD BUSINESS **EMS Formulary Revisions / State EMS Protocol Revisions**	**Asystole:** Dr. DesChamps reported that Atrophine is no longer recommended by the American Heart Association (AHA) for use in Asystole and would be eliminated from the 2011 protocols. **After discussion, it was determined that Atrophine would not be removed from the protocols and that the 2010 protocol would remain unchanged.** **Bradycardia:** Fluid Bolus was added with dosage recommendation. **Pulseless Electrical Activity (PEA):** Dose details were added. Consider Atrophine at rate less than 60. **Ventricular Fibrillatin Pulseless Ventricular Tachycardia:** Changed to state in the absence of Amiodarone – Lidocaine may be considered. **Ventricular Tachycardia:** Consider Adenosine (if regular and monomorphic) was added.	*Dr. DesChamps presented the medical protocol revisions to the Committee for approval. There was no further discussion. The revisions were approved.*
Additional Medical Control Workshops	Dr. Deschamps stated that the Medical Control Committee is in the process of developing a revised Medical Control Workshop. He stated that the workshops will be adjusted to include more information on Trauma, protocols and education. He asked the committee for comments and suggestions on topics that should be included in the workshops. Dr. DesChamps asked Ms. Paddock to forward the current the Medical	*Informational Only*

Recertification of Medical Control Physicians	Control Workshop to Medical Control Physicians in order to determine which areas to revise. Dr. DesChamps stated that Medical Control Physicians (MCP) are required on a periodic basic to verify that their credentials are current and that they and have knowledge of current EMS Practices in South Carolina. He stated that they can attend workshops, Medical Control Committee meetings or continuing education classes. He suggested that CIS be utilized to track the education. He asked the committee for suggestions on how to implement this requirement. Dr. Nowell suggested on-line classes and proposed that they be expanded to include the Medical Control Physician workshop. Ms. Paddock suggested an interactive recorded webinar held at the Myrtle Beach workshop. She stressed the importance of the Medical Control Physicians having access to educational information in an easily accessible format to encourage participation. Dr. Fuerst suggested an update on the changes once a year to avoid having to review the same information numerous times. Dr. Clanton stated that reviewing the Medical Control Meeting minutes could serve as a way to obtain information. Dr. DesChamps stated that Medical Control Physicians should have easy access to current updates on protocols and formulary and cited the importance of having various ways to achieve the goal.	
Moderate to Severe Pain Management	Ms. Paddock stated that there was a request to review allowing the administration of the Schedule 2 narcotics Morphine and Fentanyl by standing order to patients under specific circumstances. She added that the question arose whether this was in conflict with the Bureau of Drug Control's standards of administering a Schedule 2 narcotic without having a prior established patient/physician relationship. She added that the Bureau of Drug control regulations state that a physician must have established a patient/physician relationship before they can administer a Schedule 2 narcotic. She added that a physician extender, i.e. a paramedic can	*Informational Only*

	establish that for the physician in the ambulance via direct online orders with the Medical Control Physician.	
IM Epinephrine	Mr. Lewis stated that Epinephrine is not available for IM administration for allergic reactions. He added that it is approved administration for IM however; neither the protocol or the formulary contains the actual IM dosage. He added that the formulary has been revised to include the IM dosage for Epinephrine.	*Informational Only*
Tourniquet Usage	Dr. Bynoe endorsed the use of tourniquets, stating that they are especially vital for stopping bleeding in large muscles and for use in prolonged entrapment situations.	*This issue was deferred until the next meeting.*
NEW BUSINESS **Intranasal Administration**	Glenn Cook with Berkely County EMS gave a presentation on Intranasal Medications in the Prehospital Setting to the Committee. He stated that Intranasal administration is the least risky, has the fastest onset and is less expensive than other methods of medication administration. He added that Intranasal medications could significantly reduce the risk of percutaneous injuries involving contaminated sharps. He stated that OSHA issued the Needle Stick Safety and Prevention Act due to continued concern over exposures and applies to all employers with employees at risk. He added that Versed, Narcan and Glucagon can be delivered via intranasal administration with very high success rates. He stated that Intrasnasal Medication Administration is much faster than oral medication and has a similar or faster onset than IV medication. He added that some factors that must be considered with Intranasal administration are the size of the droplets and PH drug concentration. He stated that a Mucosal Atomization Device (MAD) can be used to atomize the proper volume of medication	*Dr. Clancy made a motion to approve Intranasal Administration for Glucagon, Narcan and Versed for use in the field. Dr.*

	required to treat the patient. Dr. DesChamps stated that he would be hesitant to use Intranasal Medication in place of an IV. Mr. Cook stated that the Intranasal medication could be used to initially stabilize the patient while an IV line is being started. Dr. Nowell asked if other EMS Services in the nation are utilizing Intranasal Administration? Mr. Cook stated that in PA and OH that this is a standard device. Dr. Nowell asked about training for the device. Ms. Paddock stated that it would be a local Medical Control Option then the Training Officer would instruct the Medics on how to use the device. Dr. DesChamps stated that he would be in favor of this as an additional route of medication administration. He added that it should not be used in place on an IV. Dr. Clanton stated that Intranasal Administration was widely accepted in the EMS.	*Fuerst seconded the motion. There was no further discussion. All were in favor. The motion passed.*
Addition of Rocuronium to Formulary	Joseph Campbell with Colleton County Fire and Rescue stated that there was a shortage of Vecuronium Bromide statewide for hospitals and EMS services. He proposed that Rocuronium be added to the formulary as an alternative to Vecuronium Bromide. He stated that Rocuronium and Vecuronium Bromide were very similar in profile with a short onset. He added that the average time for blockage with Vecuronium Bromide is 31 minutes with a range between 15 and 45 minutes. Dr. Clanton asked if anyone was presently using Rocuronium in their service. There was discussion regarding this issue. Dr. Norcross asked the Committee to review eliminating Vecuronium Bromide and substituting Rocuronium in the formulary at a future meeting. Dr. Clancy stated he would support the addition of Rocuronium at the next meeting. Dr. DesChamps confirmed that this would be reviewed at the annual Drug meeting.	*Dr. Fuerst made a motion to allow Rocuronium to be used as an alternative to Vercuronium Bromide in the field. Dr. Nowell seconded the motion. There was no further discussion. The motion passed.*
EMS Notification of the Hospital and Developing a Standardized Reporting	Dr. Norcross brought forward the issue of developing a system of protocols relating to trauma and when to call trauma alerts and at what level. He added that we need to develop a standardized process of gathering information to dictate where the patients stand in the protocol:	*Dr. Norcross made a recommendation that the issue of developing a standardized approach regarding*

Format	i.e. history, physical, labwork, diagnosis, etc. He recommended that this issue be presented to the Training Committee to develop a standardized approach to how EMS reports to the hospitals.	*how EMS reports patient progress be presented to the Training Committee.*
Trauma Advisory Council Report	Dr. Norcross stated that a workshop was conducted for training surveyors and added that site surveys would begin within the next six months. He added that Pediatric specific Trauma Center guidelines would be discussed at the next meeting. He stated the Trauma Advisory Council is working to secure funding sources for the American College of Surgeons (ACS) review of the state's Trauma System.	*Informational only*
Editable Protocols	Dr. Norcross brought up the issue of editable protocols to the committee. He stated that the purpose of the state protocols is to provide guidelines for individual services. He suggested that services use identifiers such as watermarks to distinguish the service protocol from the state protocols.	*Dr. DesChamps stated that the Medical Control Committee will review this issue at a later meeting.*
Alternate Care Transport Destinations	Ms. Paddock reported on the issue of alternate care transport destination for discussion. She stated that Emergency Departments are being utilized for minor illnesses/injuries that could be treated in other facilities. She added that many services transport patients to Urgent Care or Doctor's Care to treat isolated patient specific injuries. She reported that this issue was initially raised by an industry EMS service with an onsite medical clinic who wanted to allow patient transport to their clinic instead of the Emergency Department. She added that they wanted to find out if there were any standards or Medical Control guidance for individual agencies as to what is considered urgent care with patient presentation and injury patterns. She asked the Committee if any services currently transport patients to an alternate sites. There was discussion regarding this issue. Dr. Nowell stated that a Certificate of Need may be required for urgent care facilities. Dr. Deschamps stated this question arose because some manufacturing companies employ a licensed EMS Service and maintain an onsite medical facility. He added if	*Dr. Nowell made a motion to form a subcommittee to review this issue with legal guidance pertaining to EMS Law to make a recommendation to the Committee. Dr. Fuerst seconded the motion. There was no further discussion. The motion passed.*

	one of their employees is injured should they be required to go offsite to an Emergency Department or could they be taken to the onsite medical facility for evaluation and treatment if necessary. Ms. Paddock stated that services were not currently prohibited from taking patients to alternate care facilities. There was discussion regarding insurance implications.	
	The next meeting will be held on November 17th Meeting Adjourned	

Medical Control Committee
November 17, 2011
Heritage Building
McNeely Conference Room
10:00 a.m.

MEMBERS PRESENT	MEMBERS ABSENT	DHEC STAFF
Ed DesChamps, MD	Doug Norcross, MD	Jennifer Paddock
Raymond Bynoe, MD	Richard Rogers, MD	Don Whiteley
William Gerard, MD	Carol Burger, MD	Frank Dahl
James Smith, MD	James Mock, MD	Leslie Wood
John Sorrell, MD	Ron Fuerst, MD	
Garrett Clanton, MD	Mac Nowell, MD	
Marty Lutz, MD		
VISITORS PRESENT: Marsha Smith, Glenn Cook, Tim Miller, John Zaragoza, Tyler Dennison		

AGENDA ITEM	*DISCUSSION*	*ACTIONS*
Call to Order	Meeting called to order by Dr. DesChamps	
Freedom of Information	Freedom of Information Act read by Ms. Wood.	
Roll Call	Ms. Wood conducted roll call for the Committee.	
Approval of Minutes	Dr. DesChamps asked the Committee for a motion for approval of the minutes from the August 18, 2011 meeting.	*Dr. Clanton made a motion to approve the minutes from the August 18, 2011 meeting. Dr. Smith seconded the motion. All were in favor. There was no discussion. The minutes were*

		approved.
Introduction of New Member	Dr. Deschamps introduced Dr. Marty Lutz from the Greenville Memorial Hospital as a new member of the Committee.	*Informational*
DHEC Staff Report	Ms. Paddock reported that Jason Haynes has vacated the position of Compliance Manager. She stated that the Division is down to two inspectors and that the Division reported that the Bio-Terrorism Coordinator position was terminated due to lack of funding for the position. She stated that the budget has stabilized and additional information regarding the budget will be forthcoming in January. She added that a budget request was submitted for additional funding to sustain the state-wide data system. She added that currently the data system is funded by ASPR funds which is a federal grant program and it was decided that an additional funding source be obtained for the data system.	*Informational*
OLD BUSINESS **Analgesic Administration by Standing Orders**	Dr. DesChamps reported on reviewing a request to allow the administration of Schedule 2 narcotics Morphine and Fentanyl by standing order. He added that he met with Jennifer Paddock and Wilbur Harling with DHEC's Bureau of Drug Control regarding this issue. Ms. Paddock reported that the Bureau of Drug Control is working with the Division to develop a protocol to set criteria for allowing automatic administration. She added that the Bureau of Drug Control may have to revise their policy to set the criteria. She stated that the law would not be changed due to possible conflicts with allowing Schedule 2 narcotic administration by other healthcare professionals. She added more information regarding this issue will be available at the meeting in February. She stated that during the meeting it was established that the narcotics license can now be issued to the individual EMS Agency with the primary Medical Control Physician being listed on the license. She added that the Assistant Medical Control Physician will be listed in the DEA database in the event that the primary Medical Control Physician vacates the position in order to prevent a break in service. She stated that the Medical Control Physician change form indicating Primary and Assistant Medical Control Physicians will be forwarded to the DHEC Bureau of Drug	*Informational*

Destruction of Narcotics	Control who will notify the DEA. She added that the Division is currently working to compile an electronic list containing the Primary and Assistant Medical Control Physician for all EMS Agencies statewide. Dr. DesChamps added that the Bureau of Drug Control has designated an approved method for the destruction of narcotics. He stated that two licensed personnel will be required to dispose of the narcotics. He added that the personnel is required to be someone other than the medic's partner, preferably a Training Officer, Service Director, Physician or Nurse. He stated that the Division is in the process of developing a policy to address the appropriate method for destruction of narcotics. Dr. Sorrell inquired if there was a policy regulating how controlled substances are shipped to agencies. He cited the potential for the mishandling of the narcotics during the delivery/receiving process.	
Additional Medical Control Workshops	Dr. DesChamps reported that the Medical Control Workshop would be held at the Symposium in Myrtle Beach this year and additionally at Palmetto Health Richland for the ER residents and all other physicians who require one. He added that this workshop could tentatively be scheduled for January and asked the committee members to solicit attendance for the workshop. Dr. DesChamps suggested that additional workshops be held in Charleston and Greenville to increase access for physicians.	*Informational*
Magnesium Sulfate for Respiratory Patients	Dr. Sorrell brought forth the issue of Magnesium Sulfate as an indication for severe bronchospasm to the Committee for approval. He reported that the general consensus for dosage for Magnesium Sulfate is 2 grams IV. Dr. Clanton agreed with the dosage recommendation but asked if there would be a recommendation for the pediatric dosage. Dr. Sorrell stated that the pediatric dosage was not addressed. Dr. DesChamps stated that the Committee should discuss the pediatric dosage with Dr. Fuerst before a dosage recommendation be brought to the Committee.	*Dr. Sorrell made a motion to approve Magnesium Sulfate for administration to adults with severe bronchospasm at the rate of 2 grams IV over approximately 20 minutes. Dr. Clanton seconded the motion. There was no further discussion. The motion passed.*

Addition of Rocuronium to Formulary	Dr. DesChamps reported that the DHEC Board approved the addition of Rocuronium to the formulary. He added that it had been previously approved by the Medical Control Committee and the EMS Advisory Council.	*Informational*
Tourniquet Usage	Ms. Paddock reported that the Training Committee discussed tourniquet usage in the field. She reported that the Training Committee recommended the use of Tourniquets for use in controlling hemorrhages. She added that tourniquet utilization is a protocol addressed in the curriculum and tested at all three levels.	*Informational*
Alternate Care Transport Destinations	Ms. Paddock reported that Dr. Nowell has been contacting subcommittee members to review the issue of alternate care transport destinations. She encouraged the committee members to review the information and provide input in order to begin work on developing a policy. She added that this issue was discussed at the DHEC Staff Meeting and there was a recommendation that a member of the Medical Board join the subcommittee to determine whether the Physician at the alternate care facility has the authority to provide direction to Paramedics and address possible Emergency Medical Treatment and Active Labor Act (EMTALA) implications.	*Informational*
Environmental Temperature Control for Medications	Dr. Sorrell brought up the issue of environmental temperature control for medications. Dr. DesChamps stated that the new ambulances will be required to have environmental temperature control capabilities for medication storage. He stated that retrofitting the old ambulances was addressed at length but that no formal mandates were set. Dr. Sorrell added that due to the temperature extremes within the state that this issue was crucial. Dr. Clanton stated that the Bureau of Drugs should have protocols regarding this issue. Ms. Paddock agreed to review former discussion regarding this issue and report back to the Committee.	*Ms. Paddock will review former discussion regarding this issue and report back to the Committee.*
NEW BUSINESS **February Drug Meeting**	Dr. DesChamps reported that the annual drug meeting would be held in February to review changes in the formulary. He presented a draft of the proposed changes to the drug list to the Committee for discussion. He added that the Committee will need to address approving the pediatric dosages as listed on the Broselow color-coded	*Informational*

	chart or continue as not appropriate for pediatric use. He stated that each drug is referenced to identify which protocol the drug is listed under including the basic indications and contraindications for the adult and pediatric dosing. He asked the Committee members to review the proposed changes and make comments or suggestions as needed. He added that also in the draft are 5 protocols that have been updated to meet the new ACLS protocols.	
Editable Protocol	Dr. Gerard asked if there was an editable protocol document for the services to utilize. Dr. DesChamps stated that he is working to develop a more modifiable protocol document. He proposed that a standardized set of protocols could be developed and utilized statewide. Dr. Sorrell stated that local service protocol revisions should be formatted differently to distinguish them from statewide standardized protocols. Ms. Paddock stated that services were asked to review the protocol for comment on any modification utilized by their service. She added that very few suggestions were submitted that deviated from the current protocol. Dr. Bynoe stated that a unified standardized protocol is more beneficial for EMS statewide. Dr. Clanton stated that some services may have different formulary requirements due to transport times. Dr. DesChamps stated that the Committee would need to determine the specific requirements for an editable protocol. He added that he will work to develop a draft editable protocol to present at the next meeting.	*Dr. DesChamps will develop a draft editable protocol to present at the next meeting.*
Required Equipment List	Ms. Paddock stated that with mandated Capnography the Division wanted to verify that Medical Control Physicians agree that agencies that do not use ET Tubes are not required to carry Capnography. Dr. DesChamps stated that the requirement is if you intubate then you must use waveform Capnography. He asked if the service opts to not have any endotrachael intubation capabilities are they required to have Capnography? There was discussion regarding this issue. Ms. Paddock added that if you are doing interfacility transports on an intubated patient then Capnography is required. Dr. Sorrell stated if further combitube use was disallowed then there are several other blind insertion devices that could be used that would not require continuous Capnography. Ms. Paddock stated for clarification that if Combitube is removed then colorimetric devices can still be utilized without	*Dr. Sorrell made a motion to remove Combitube from the list of approved devices by January 1, 2013. Dr. Gerard seconded the motion. There was no further discussion. All were in favor. The motion passed.*

	continuous waveform capnograhy. Ms. Paddock reported that a non-transporting First Responder Service brought forward the issue of not carrying ET tubes but being required to carry French Catheters. She added that the service is not performing sterile suction but are still required to carry all sizes of French Catheters. She asked the Committee if there was any other reason to keep that equipment on the truck. There was discussion regarding this issue. It was determined by the Committee to continue to require that the French Catheters remain on the required equipment list.	*It was determined by the Committee to continue to require that the French Catheters remain on the required equipment list.*
Ventilator Patients	Dr.DesChamps stated that years ago when transport ventilators were approved for all levels, all levels were allowed to intubate. He added that presently only Paramedics are allowed to intubate, but the requirement for transport ventilators has not been revised. He asked the Committee to review the issue of restricting transport ventilators to Paramedics only. There was discussion regarding this issue. Ms. Paddock stated that if the scope of practice exceeds that of the Paramedic then RN's or Respiratory Therapists may administer treatment to the patient, but the Department has no regulatory authority over the RN or Respiratory Therapist. Dr. DesChamps expressed concern regarding the transfer of care from a higher level of care to a lower level of care without providing adequate personnel to care for the patient. He cited possible liability issues for the physicians and paramedics involved in the patient transport if the tube becomes dislodged. There was discussion regarding this issue. There were concerns regarding the patient not being able to be transported due to the regulations. Dr. Clanton stated that endotracheal tube management should be limited to the Paramedic level.	*Dr. Clanton made a motion to limit endotracheal tube management to the Paramedic level. Dr. Lutz seconded the motion. There was no further discussion. The motion passed.*
Chest Tube Monitoring	Dr. DesChamps stated that the new Paramedic curriculum requires that the Paramedic be taught to assist with the insertion of the chest tube and monitoring of the chest tube. He added that there is currently a lack of Paramedic instructors qualified to teach these skills. He asked the Committee for input on developing a training module to teach the instructors. There was a comment that the Critical Care Paramedic course addresses comprehensive chest tube management but not insertion. Ms. Paddock stated that the Department could not mandate that	*Informational*

	Paramedic instructors take the Critical Care Paramedic course. She added that the Training Committee has asked the Medical Control Committee to develop a module or training option for the paramedic curriculum for all the schools. Dr. DesChamps stated that Dr. Norcross teaches a course on chest tube management and offered to develop a video module modified for the paramedic curriculum standard. Dr. Bynoe offered to review the video to ensure that it meets specific objectives.	
Membership	Ms. Paddock stated that there are several vacant positions on the Committee. She asked for recommendations for specialized positions for the representation on the Committee. Dr. Clanton suggested that any positions added have an Emergency Medicine focus. Dr. Bynoe added that STEMI and Stroke issues are increasing. Ms. Paddock suggested that a Cardiologist attend meetings to address cardiac issues. Dr. Sorrell suggested that this issue be deferred until the next meeting.	*Informational*
Future Medical Control Committee Meetings	Dr. DesChamps reported that the next meeting will be held on February 9, 2012 with the primary focus on revisions to the drug formulary. Ms. Paddock added that lunch will be served to the members.	
Change in Hypothermia	Ms. Paddock reported that there was a request to allow the use of Ativan to control shivering. She added that this is a commonly used medication for shivering. She suggested that this request be reviewed at the February 9th meeting. Aaron Dix with Greenville County EMS stated that their service removed Etomidate from the drug protocol and now utilizes Ativan to control shivering. He stated that according to the drug formulary there are no restrictions on induced cooling through an IO. He wanted to ensure that before they initiate induced cooling through an IO that they were in compliance with the protocol.	*Informational*
Intra-arrest Cooling on Ventricular Fibrillation Patients	Mr. Dix proposed a pilot project initiating Intra-arrest Cooling on Ventricular Fibrillation patients. He stated that there is evidence that Intra-arrest Cooling on ventricular fibrillation patients decreases the decay of ventricular fibrillation waveform. He added that in January under Dr. Lutz's direction on ventricular fibrillation patients they will initiate induced cooling once the patient is intubated and an IO or IV is initiated. There was discussion regarding this issue. Dr. Sorrell asked if this had been reviewed by an institutional review board.	*Informational*

	Dr. Lutz stated that Cardiologists from both major groups support the procedure. He added that there are several ongoing studies regarding this issue. Dr. Sorrell suggested a written proposal outlining the project be presented to the Committee for review. Dr. DesChamps asked Dr. Lutz to submit the proposal to the Greenville Hospital Internal Review Board. Dr. Clanton stated that there was not a target cooling temperature on the protocols. Mr. Dix stated that the target temperature was between 32 and 34 degrees Celsius. Dr. Clanton stated that the target temperature should be included in the protocol. Dr. Gerard cited the numerous cooling equipment devices that are available. He asked if the Committee should discuss approving devices for cooling. Dr. Sorrell stated that if the device was FDA approved then it could be used in the field. Dr. DesChamps stated that the only equipment that is addressed by the Committee is the equipment that is required to be on the ambulance. Ms. Paddock stated that a request was received by the Department for GIA funding to purchase Hypothermic Cooling Collars. She added that additional justification was requested from the service's Medical Control Physician and the facility accepting the transport endorsing that particular product.	
Required Training Equipment	Dr. Sorrell brought up the issue of required training equipment for in-service training. He stated that if a service is conducting training that the equipment that is required for the entire course must be present when the course is being taught. He asked the Committee to revise the requirement to state that the training equipment that is required for that day only be on hand. He added that the expense of keeping the equipment on hand is excessive and that the necessary equipment for that day could be accessed from other resources.	*Dr. Sorrell made a motion that the Medical Control Committee submit a recommendation to the Training Committee that the training material and equipment necessary for that training session be present and that that additional training equipment can be obtained as needed for the course. Dr. Lutz seconded the motion. There was no discussion. The motion passed.*
	Meeting adjourned Next Meeting - February 9, 2012	