

Durham Volunteer Ambulance Corp
Quarterly Meeting Agenda
Wednesday, April 27, 2016
6:30 P.M.
205 Main Street, Durham, CT

1: Call to Order and Roll Call: 18:30

Roll Call: BOD Members: Tom W., Andy M., Katie S., Jackie S.

Members: Sue W., Lou B., Katelin G., Matt L., Emily L., Alyssa S., Jen W.

Excused: Shannon B., Mallory F., Jennifer K., Nick M., Nate R., Jeff R.,

Chris W., Scott W., Jenice Z., Anthony D., Steve G.,

Absent: Andrew B., Jen Kinzel, Chris Z., Scott Z. David B., Annette M., Josh O.

Guests: Laura F.

2: Officers/Coordinator Reports

3: Old Business

- Building Project
- Heart Safe Durham: To qualify in the basic HEARTSafe model, a region (generally a US state, but county-based and international programs also exist) establishes a set of minimum criteria its communities must meet in order to achieve HEARTSafe status. These should be goals that support the chain of survival, such as widespread CPR instruction, public access defibrillators, and aggressive resuscitation protocols for first responders and area hospitals. Individual communities in each region which meet the established criteria—such as cities, towns, counties, even neighborhoods or campuses—can apply to their home office and become designated as a HEARTSafe Community. The town of Durham was presented with plaques, highway signs will be going up with help of public works; First responder, transport, medic service, AEDs placed around town, must be renewed every 5 years numbers of Durham residents trained in CPR for 3500/yr
- New type of membership

4: New Business

- Funding- concern with insurance company cuts, Medicaid cut- decrease, people uninsured still, we accept what their insurance pays, if no insurance, they don't get a bill, we write off for rest of what insurance won't pay. What will we do if billing piece gets smaller and smaller- money for stipends, etc. Laura F.: Rivercog (council of government for Middlesex county 17 towns) commissioning a study any town can partake scope of services, will be shared when info comes
Things happening that are reducing amount of transports. Visiting Paramedics may be coming around to us probably 5 yrs or so,

- Duties of 1st Responders: data collection missing; must document (by state regulation) first EMT time on scene, so closest person should go (downgrade ambulance, also CHART (no lights/sirens), cancel medics, start care, UPDATE ambulance- safer response.
- Log Sheet: Must be filled out completely with name and call number, charts must have recorded. When meds are given, run forms need to be done and locked as soon as the call is over because the hospital flags those calls. Narrative should explain why meds were given.
- Calls need to be coded as closely as possible to the actual call.
- Traffic Accidents need to have a MVA drop down filled out.
- Kicked back calls need to be done within 72 hours or the attendant will be suspended.
- Aug should reveal new statewide protocols. Training will be needed for these protocols.
- Talk about sponsoring another Senior lunch possibly in Aug.
- EMS week May 15-21, looking to put announcement in Town Times about the ambulance corp.
- W18, synthetic narcotic on street, 10,000 stronger than morphine
- Google translator is good app for translating other languages
- New member status – Jenice Zayas, David Burwell, Danielle O’Keefe

- Data Collection
- PCR Documentation

5: Adjournment: 20:25

