

**SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS (SDBMOE)**

**EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL**

**February 06, ~~2025~~ 2026**

**Unapproved Draft Minutes**

**10:00 am (Central Time)**

**Public Meeting**

Unapproved Draft Minutes<sup>1</sup>. Voting is by voice vote.<sup>2</sup>

Advisory Council Members present: Andrew Binder, Chris Hermes, Jeff Luther, Matt McQuisten, David Mitchell

Staff Members present: Paige Cooper, Karli LaBrie, Randi Sterling

This was a public meeting, and other parties may have been in attendance.

The meeting was called to order at 10:08 AM. Roll was called, and quorum was established.

A motion for approval of the agenda was ratified (Mitchell /McQuisten/Unanimous).

A motion for approval of the minutes was approved (Luther/Binder/Unanimous).

The request for any public comment was made pursuant to SDCL 1-25-1 and there was no public comment.

A motion for a recommendation to send the ALS Scope Petition request from the Rapid City Fire Department Advanced EMT licensees to be able to administer Epinephrine 1:10,000 to the full Board for approval with the support of the EMS advisory council was approved (Binder/McQuisten/Unanimous).

A motion for a recommendation on how to respond to two EMS scope questions received by Board staff was made as follows:

1. If a patient has a saline lock in place, with no fluids or medications infusing, may an EMT attend to and care for that patient? I understand that EMT scope does not include initiating or managing IV therapy, but there have been questions from some long-standing employees regarding whether caring for a patient with an existing saline lock (that is not being used) has been considered allowable in the past.
  - a. Recommended Response: The presence of a saline lock does not mean that an EMT is precluded from providing care for a patient. The EMT would just not access the IV or saline lock during the patient interaction.
2. If a paramedic places a 4-lead ECG on a patient for a quick rhythm assessment, and the patient is otherwise stable (not hypotensive, tachycardic, pale, cool, diaphoretic, etc.), may the paramedic remove the 4-lead and have a lower-certified partner attend to the patient afterward?
  - a. Recommended Response: If a paramedic does an initial assessment of a patient and determines that the patient will only require BLS level of care, they are able to transfer the patient to an EMT to transport.

(Luther/Binder/Unanimous).

Do Not Resuscitate (DNR) matters were reviewed for discussion only.

Board staff provided the Paramedics and Blood Products Document that has been shared with the South Dakota Rural Health Office and some ambulance agencies that have had meetings with this office related to this topic. This document outlines the process under the current SD statues and administrative rules that would enable paramedic licensees to administer blood and blood products.

Board staff was asked to present an outline of the administrative rules process and timeline on the next EMS Advisory Council meeting agenda.

As there was no further business, the meeting was adjourned at 10:58 AM.

<sup>1</sup> 1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

<sup>2</sup> Format for motions, second and vote results: Council member Name (Making the motion/Second/Vote result is either unanimous or Yes: and No: results and abstentions noted by name)