



Tidewater EMS Council, Inc.
Operational Medical Directors Committee
Minutes –June 3, 2015 12:00pm

Attendance

Name	Agency/Representing	Attended
Stewart Martin, MD	VBEMS/ Chairperson	X
Stephen M. Skrip, MD	MTI /Airport	X
Theresa Guins, MD	CHKD	
Susan Boyle, MD	Franklin/ Southampton	
Barry Knapp, MD	Norfolk Fire-Rescue	X
Brian Gruber, MD		
Bruce Lo, MD		
Carl Wentzel, MD	Mid Atlantic Ambulance	
Christopher Foley, MD	CHKD	
Cindy Dorr, MD	Pruden Center	
David Cash, MD	FBI	
Don Byars, MD	Portsmouth Fire and Rescue	
Donald Bowling, MD		
Julia Annette Johnson-Rayfield, MD	NASA	
Ed McLaughlin, MD	Southern Ambulance	
Frank Dos Santos, DO	Navy	
Jeremy Garlick	Navy	X
Humberto Henriquez, MD	Northstar First	
Jamil Kahn, MD	CHKD	
Joe Lang, MD	Portsmouth Fire and Rescue	
Joel Michael, MD	IOW, NSVRS	X
Lewis Siegel, MD	Chesapeake Fire	X
Lori Givonetti, MD	Nightingale	
Manuel Armada, MD	TCC	X
Martin Payne, MD		
Mike Bono, MD	Special Events	
Mike Genco, MD	Center for EMS	
Paul Holata, MD	Norfolk Fire-Rescue EMT-I	
Phil Leavy, MD	Suffolk Fire	
Rebecca Lipscomb, MD	Ivor Rescue	
Richard Hatch, MD	Eastern Shore	
Timothy Lee, MD	BASF	
Jay Porter	TEMS	X
James Chandler	TEMS	X
Thomas Calogrides	TCC	X
Jason Ambrose	TCC	X
Dessislava Bradecich	TEMS	X
David Coulling	TEMS	X

Welcome and Introductions

Dr. Stewart Martin, called the meeting to order and the March 2015 minutes were approved as posted. Welcome, Dessislava M. "Dessi" Bradecich as the new TEMS Field Coordinator II.

State OMD Committee Update:

Dr. Martin reported that the State OMD Committee discovered that there were transport agencies that were transporting patients with aortic balloon pumps without a nurse or perfusionist which has been going on a while. The skill is currently not in the state approved scope of practice or on the approved skills list. The group is still in discussion regarding this issue due to there is not any provision in the state code. The next State OMD meeting is scheduled for July 9th at OEMS.

Old Business: All appendixes have been approved with the recent changes

- A. **Appendix B Drug and IV Box:** has been modified to bring it into compliance with current practice. The PPCR needs to add EPCR to the form. Also, remove the previous wording where there was mention of any ALS procedure or medication a signature was needed, has been changed to a signature is needed by a physician's/ nurse practitioner / PA for any scheduled 2- 4 drugs. MMRS has done away with their WMD antidote kit and reduced to the Duo dote antidote kit.
- B. **Appendix F: Restocking:** No Changes to the Appendix/Policy, but update to the list of items. The last two pages reflect what will be restocked, the hospitals will restock the EZ IO 45 ml needles and the inline CO2 Capnography for the non-innovative patients once the protocol committee has include them into the protocols. A grant has been submitted for the initial purchase of these items.

- C. **Appendix G Hospital Closure Policy:** No changes have been reflected from the last meeting except under the hospital closure policy procedure the initial hospital plan was to declare a "Disaster" has been eliminated due to some confusion with surge and capacity issues.

Dr. Knapp met with some of the OMD's and Nurse Managers to draft some type of etiquette to relieve some of the animosity due to the undefined meaning to the hospital closure policy within the City of Norfolk. Barry Knapp stated that the meeting yesterday that addressed the City of Norfolk concerns for closures was with the Norfolk Hospitals was to let the hospitals know that EMS cannot be a pop-off for hospital staffing overload issues. The terms closure and diversion are being used interchangeably and these are 2 separate issues and diversions should not be made by EMS, this should be done by the hospital following the EMS call into med control and then a decision should be made by the hospital. Dr. Knapp will bring back the groups suggestions to the next OMD meeting.

A motion was made and seconded to accept and pass the other policies as written, vote was passed by all in attendance to accept the policies as written.

New Business:

D. TCC:

Tom Calogrides announced that TCC is working with Thomas Nelson to stand up a paramedic program, in addition the college has and administrative professional position and teaching position available. Tidewater Community College is having difficulty finding field internships sites and also more importantly, securing access to anesthesia in order for students to obtain the needed live intubation in order to complete their paramedic training. TCC maybe facing future curriculum restructure for its paramedic program due accreditation changes. In the past the enhanced and Intermediate skills were able to be counted toward the ongoing Paramedic education and needed competencies needed for completion of the Paramedic program. The changes that have been addressed in the accreditation process involve the move of internship from the classroom training phase of education to placing the patient contacts and internship time now being completed at the end of the classroom portion of training.

E. Protocol Workgroup Update:

Jason Ambrose reported that the protocol workgroup is meeting the first Tuesday of every month. The group recommends changes on the following reference protocols with minor adjustments. Prehospital Skills Delineation Form – would like to change the wording when referencing an optional skill and approved skill. Everything that is an O would made a √ and then have the OMD signoff for the individual agency to allow that skill performed in accordance to the protocol. The group advised to have the wording written more clearly detailing that still need to refer to individual agencies approved skill.

- Approved to remove Comb-i- tubes from this regions protocols depending if there is no conflict from the agencies. If there is a negative response then the topic will come back to the OMD's for discussion
- Approved to remove medication chart from the protocols appendixes
- The group decided to table the discussion of changes of the needle size for the Chest Decompression protocol.
- Approved rewording for the Needle Croquet and Surgical Croquet to closest emergency department in the reference protocol
- Approved rewording for Intranasal
- The group was asked to consider adding phentanol to the drug box for the future meeting but the group is leaning more towards leaving it out due to risk of abuse. Coulling said that he will research phentanol and forward the information gathered to the group.

F. PI Committee Update and Input:

Jay Porter reported that the four PI committees (STEMI, Stroke, Trauma and EMS) now have access to the state VIFIB system and the PI committee would like to get direction from the OMD's as to what information might be beneficial to the region. The group suggested to take a look at direct endoscopy verses video endoscopy. The PI groups will alternate every month with Bon Secours and Sentara to meet via WebEx.

G. December Joint Meeting Date:

The December joint meeting will held here at the TEMS Council on December 10th with the OMD Update beginning at 0800 and the joint meeting starting at noon. Dr. Martin suggested the next meeting to be held at a restaurant.

Announcements / Dates to Remember – please visit www.tidewaterems.org. Please contact Jay Porter at porter@vaems.org with any changes to your contact information.

The next OMD meeting is scheduled for September 2, 2015 at 1200 pm at the TEMS office