



**Tidewater EMS Council, Inc.**  
**Operational Medical Directors Committee**  
**Minutes –March 08, 2017 @ Noon**  
**Attendance**

Name	Agency/Representing	Attended
Stewart Martin, MD	VBEMS/ Chairperson	X
Stephen M. Skrip, MD	MTI /Airport	X
Darren Clark	MTI	
Theresa Guins, MD	CHKD	
Jim Burhop, MD	CHKD	
Susan Boyle, MD	Franklin/ Southampton	
Barry Knapp, MD	Norfolk Fire-Rescue	
Brian Gruber, MD		
Rene Morcion	Reliance Medical Transport	
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	
Paul Roszko	Navy	X
Jeremy Garlick	Navy	
Humberto Henriquez, MD	Northstar First	
Jamil Kahn, MD	CHKD	
Joe Lang, MD	Portsmouth Fire and Rescue	
Joel Michael, MD	IOW, NSVRS	
Lewis Siegel, MD	Chesapeake Fire	X
Lori Givonetti, MD	Nightingale	
Manuel Armada, MD	TCC	
Martin Payne, MD		
Mike Bono, MD	Special Events	
Mike Genco, MD	Center for EMS	
Forest Winslow	CFD	X
Dan Norville	NFR	X
Paul Holata, MD	Norfolk Fire-Rescue EMT-I	
Phil Leavy, MD	Suffolk Fire	
Rebecca Lipscomb, MD	Ivor Rescue	
Timothy Lee, MD	BASF	
Terri Christainsen	NCEMS	X
Richard Hatch, MD	Eastern Shore	
Kevin Holloway	Eastern Shore Council/North Star	X
Norman Poole	Northampton County/ North Star	X
Hollye Carpenter	Northampton County	X
Jay Porter	TEMS	X
James Chandler	TEMS	X
Thomas Calogrides	TCC	
Jason Ambrose	TCC	
Dessislava Bradecich	TEMS	X
David Long	TEMS/MMRS	X
David Coulling	TEMS	X

Welcome, Introductions were made and since there was not a quorum at today's meeting the adoption of the minutes will be postponed. There is a list of items that will need a vote. Mr. Porter will send an email ballot to include attachments to all of the OMD's for a division.

**OMD Updates of Information/ VA OEMS MDC update** – Dr. Martin did not have any new information as he was unable to attend the meeting.

**Old Business**

- a. **Protocol Implementation and Education Update:** Jay Porter reported that the videos for the protocol updates have been published on the TEMS website and are being used as the rollout. David Coulling commented that there is a small delay on

the RSI rollout and training. There was a technical delay with the IOS that will hopefully be resolved within the next few weeks.

- b. **Dopamine Removal** – Jay Porter reported 3 years ago the OMD committee agreed to remove Dopamine from the Drug box and evaluate for the next 2 years. It has been 3 years and there has been a couple of questions about it not being available and at the meeting a motion and a 2<sup>nd</sup> was obtained to remove Dopamine from the drug box. An email vote to affirm the permanent removal of Dopamine from the red Drug box will be sent to all the OMD's.

#### **New Business**

- c. **RSI Program Update** – Kevin Holloway presented to the group the plans and revisions to the current program which mainly affected the drugs that have been updated in the RSI protocol with the basic program remaining the same. A motion and a second to approve the changes made to the Difficult Airway Course that will update the course for all interested agencies.
- d. **Appendix B, F & G** – The OMD committee approved the protocol policies with no new changes.
- a. *Appendix B – Regional Drug and IV Box Policy*
  - b. *Appendix F – Policy for Restocking by Hospitals*
  - c. *Appendix G – Tidewater Regional Hospital Closure Policy*
- Spinal Motion Restriction that was approved with the protocols; a patient with a neurological deficit would receive a c-collar only; however they should receive full spinal immobilization. A motion and a 2<sup>nd</sup> was obtained to change the flowchart to reflect this.
  - The chest pain protocol the way it was approved had conflicting information in the word document the EMT would have to contact medical control for the administration of ASA; however the flowchart allowed the EMT to administer ASA on Standing Orders. A motion and a 2<sup>nd</sup> was obtained to allow the EMT to administer ASA on Standing orders.
- e. **PI plans Updates and approval** – Jay Porter reported that the EMS PI plan has been rewritten to allow for the EMS PI Committee to become the oversight committee for 4 other subcommittees (Patient/Provider Safety, Trauma, STEMI and Stroke); all of the plans have been updated to reflect a standardized format. Trauma PI plan was changed to reflect the 2011 National Trauma Triage Decision Scheme instead of the 2009 scheme that was in the prior version; STEMI plan is in the process of being rewritten and will be presented to the OMD group in the June meeting for final approval and the Stoke plan was a minor change in wording that Stroke patients will be transported to a Primary Stroke Center to Stroke patients will preferentially be transported to a Primary Stroke Center which reflects what is actually being done in the region currently.
- f. **ALS testing, Condition for Employment** – The discussion was tabled until the next meeting.

All items needing a vote will be sent in an email to the OMDs for a final vote prior to adoption into the minutes.

Meeting was adjourned.

**Announcements / Dates to Remember** – please visit [www.tidewaterems.org](http://www.tidewaterems.org).

The following e-mail was sent to the OMD group and voting is noted as below the email sent to the group.

Unfortunately there was not a quorum at the OMD meeting and there is a list of items that need a vote. Following is a list of items that I need to obtain an E-mail vote to move forward. I have attached the associated documents for review as well. If you have any questions or need clarification of any items on the list do not hesitate to contact myself.

1. 3 years ago the OMD committee agreed to remove Dopamine from the Drug box and evaluate for the next 2 years. It has been 3 years and there has been a couple of questions about it not being available and at the meeting a motion and a 2<sup>nd</sup> was obtained to remove Dopamine from the drug box. For clarification, this is a vote just to remove Dopamine from the red drug box; however agencies can still transport patients receiving Dopamine. **Your vote is a vote to affirm the permanent removal of Dopamine from the red Drug box.**
2. On the Spinal Motion Restriction that was approved with the protocols; a patient with a neurological deficit would receive a c-collar only; however they should receive full spinal immobilization. A motion and a 2<sup>nd</sup> was obtained to change the flowchart to reflect this. **Your vote is to change the flow chart to reflect any patient with a neurological deficit would receive full immobilization instead of SMR**
3. On the chest pain protocol the way it was approved had conflicting information in the word document the EMT would have to contact medical control for the administration of ASA; however the flowchart allowed the EMT to administer ASA on Standing Orders. A motion and a 2<sup>nd</sup> was obtained to allow the EMT to administer ASA on Standing orders. **Your vote is to allow the EMT to administer ASA on Standing orders for chest pain patients.**
4. According to the protocols, any agency wishing to administer and provide RSI has to have providers go the regional OMD approved Difficult Airway Course; This course has not been updated since 2009, The Eastern Shore agencies want to expand the RSI program and took the time to review and change the course so they could proceed with the expansion of the Program. Kevin Holloway presented to the group the plans and revisions to the current program which mainly affected the drugs that have been updated in the RSI protocol with the basic program remaining the same. A motion and a second to approve the changes made to the Difficult Airway Course that will update the course for all interested agencies. **Your vote is to approve the changes to update the program.**
5. It is that time of the year to review and approve the following appendices to the protocols
  - a. Appendix B – Regional Drug and IV Box Policy
  - b. Appendix F – Policy for Restocking by Hospitals
  - c. Appendix G – Tidewater Regional Hospital Closure PolicyThere are no changes made to the policies from last year. **Your vote is to approve the policies as written.**
6. PI Plans – EMS PI plan has been rewritten to allow for the EMS PI Committee to become the lead committee for 4 other subcommittees (Patient/Provider Safety, Trauma, STEMI and Stroke); All of the plans have been updated to reflect a standardized format. Trauma PI plan was changed to reflect the 2011 National Trauma Triage Decision Scheme instead of the 2009 scheme that was in the prior version; STEMI plan is in the process of being rewritten and will be presented to the OMD group in the June meeting for final approval and the Stoke plan was a minor change in wording that Stroke patients will be transported to a Primary Stroke Center to Stroke patients will preferentially be transported to a Primary Stroke Center which reflects what is actually being done in the region currently. **Your vote is to approve the updated EMS PI Plan and approve the other plans as currently written with those plans being reviewed and updated for a vote in future meetings.**

Thank you for your assistance and time in looking at and voting on the issues listed above. I need your vote via e-mail by the 31<sup>st</sup> of March, which is next Friday.

Approve- Byars, Harvey, McCorry, Khan, Lipscomb, Baker, Moncion, Wolfe, Roszco, Armada, Siegel, Knapp, Givonetti, Ashe, Wentzel and Guins

Against- None

**The next meeting of the TEMS Operational Medical Directors Committee meeting is scheduled  
For June 7, 2017 at 12 pm at the TEMS Office**