Tidewater EMS Council, Inc.
Operational Medical Directors Committee
Minutes – March 7th, 2023 12:00pm

Attendance

Name	Agency/Representing	Attended
Stewart Martin, MD	VBEMS/ Chairperson	X
Stephen M. Skrip, MD	MMT /Airport	X
Jim Burhop,MD	CHKD	
April Shackleford, MD	Franklin/ Southampton	X
Allison Ashe	VB Lifesaving Service	
Barry Knapp, MD	Norfolk Fire-Rescue	X
Rene Morcion, DO	Reliance Medical Transport	
Carl Wentzel, MD	Suffolk Fire and Rescue	
Manuel Armada, MD	TCC	
Don Byars, MD	Portsmouth Fire and Rescue	
Paul Roszko, MD	NMCP	X
Zane Shuck, MD	Franklin/Southampton County	X
Michael Owens, MD	HRMMST	
Jamil Kahn, MD	CHKD	
Joe Lang, MD	Portsmouth Fire and Rescue	X
Joel Michael, MD	IOW, NSVRS	X
Lewis Siegel, MD	Chesapeake Fire	X
Lori Givonetti, MD	Nightingale	X
Mike Bono, MD	Special Events	
Paul Holata, MD	Norfolk Fire-Rescue EMT-I	
Hugh Hemsley, MD	Accomack Department of Public Safety	
Joseph Kotora, MD	NMCP	
Dylan Woolum	EMS Fellow	X
James Reynolds	CFD	X
David Long	TEMS	
Valerie Vagts	TEMS	X
Matt Owens	VBEMS	X

Welcome and Introductions

- Dr. Stewart Martin, called the individual meeting to order at 12:12 at the New River Taphouse.
- Approval of 12/9/2022 meeting minutes – One change request for agency affiliation was requested. None opposed. Motion Passed.

Old Business:

- Whole blood administration pilot update: There have been 8 administrations, 4 blunt/4 penetrating, 6 alive/2 deceased, 4 discharged. Technical issues were experienced initially with the saline lock. Those have been resolved. Mostly auto vs pedestrian have received blood. There is difficulty determining what to do with the blood when it gets close to expiring. David is trying to work on a buy back/credit program or a swap program with trauma centers, hospitals are running into a snag with taking the blood back- due to accreditation issues. Nightingale has given blood to 2 kids and 12 adults and they are expanding to non-trauma. Currently cannot charge for blood due to VB being a volunteer/ non-billing agency. Chesapeake is the next city to get the whole blood program and may be able to recoup costs through billing for ALS services. Cost is approximately $450 per unit of blood.
- iGel Rollout: The iGels are at the warehouse and ready for distribution to the regions and hospitals to help with initial restock. Coulling is responsible for the distribution. There are 4 agencies left to finish their training. Coulling is trying to work out the hospital side of the distribution before disbursing them. ETA to be determined. A grant for pediatric sizes has been submitted.
- Ultrasound: One Kosmos with AI capability was purchased and is at TEMS. Working on identifying who needs the training first. Rolling the use of these out with the whole blood initiative. The top three uses initially for the ultrasound will be chest decompression evaluation (there were 38 in 2022), cardiac standstill, and eFast. May be able to do a RSAF grant for it.
- BiPap: Interested in heading in that direction and willing to use the device. Would need to consider an educational piece for the hospital, ex. respiratory therapist. Dr. Lang stated it would be a cost neutral exchange, unless a breathing treatment is needed, then an inline device has to be inserted. There is a nationwide shortage of albuterol with only one manufacturer, so we can anticipate shortages.
- Cardiac Arrest Working Times: Currently there is a mentality in the field of 20 minutes and done. For cardiac arrest that are witnessed, have bystander cpr, have a change in rhythm, have a change in ETCO2, or have a shockable rhythm, the patient should be worked longer. Based on AHA 2020 guidelines, ETCO2 less than 10 would support termination of resuscitation. Sending out mocked up Termination of Resuscitation protocol for OMD review and feedback. Would like to launch this change in the July 1 rollout. Topic brought up about making sure the family is ok with the crew leaving the deceased on scene.

New Business:

- Education and Training: Presented by Matt Owens. The following approvals were 100% agreed upon. Zane 1st, April 2nd. None opposed. The changes are being held for the July 1 Training Rollout.

- AEMT request for the ability to give epi in cardiac arrest: approved as standing order
- AEMT request to start IO and to give lidocaine to manage pain: approved as standing order
- Nebulized epi for croup to include AEMT: denied approval
- Narcan dose – BLS must administer the full 2 mg pre-measured dose, ALS should titrate as currently written.
- Shock/Hypoperfusion – brought up that providers have to wait until the patients decompensate before they can help due to the SBP <90 mm Hg. OMD's want to leave the protocol as is.
- Etomidate for use in RSI may have a shortage, if that happens, the OMD's recommend 2mg/kg of ketamine as the replacement for RSI ONLY. Education and Training will need to create the education for the providers for this backup.

- Regional Drug Box: A Lynchburg pharmacist is in process of doing away with their regional drug box program. TEMS OMD's are against going in that direction.
- SMR has gone too far in the other direction for not using c-collar due to 'not impaired' verbiage. Matt Owens will rearrange the protocol and send out for approval with these minutes for OMD feedback.
- AAJT-S: Sovereign Medical is interested in assigning TEMS a grant writer for the AAJT-S if we are interested in using them. Information was sent to Dr. Lang for review and will revisit next OMD meeting.
- TXA for Jehovah's Witness and other groups that do not agree to receive whole blood, as an alternative. Some agencies are doing a 2-gram IV push. OMD's do not endorse TXA as prehospital care.
- Approval to accept appendix B (drug box and IV policy), F (Ambulance Restock) and G (Regional Hospital Closure policy) as proposed: 1st Zane, 2nd Barry. None opposed
- Added Capnography waveforms to the TEMS boards books to use in scenarios
- April has had 2 incidents in 48 hours where a STEMI was going to be delayed getting to the hospital (traffic and patient size related). Appendix I states to go to the closest hospital when transport time is >45 minutes, both cases were diverted to a STEMI receiving, against protocol. With the delays, the crew could have called the STEMI receiving to ask if they should divert to a STEMI referring center.
- Dr. Martin wrote a letter for new OMD's that serves as an introduction to the role. It is not all-inclusive but highlights some of the responsibilities of the job, quality assurance, span of control, etc in addition to the onboarding process they go through at TEMS. This is being sent out for feedback with the minutes
- There was a new proposed triage tag by the state. It is too busy and is being revisited. Pulsara is being reviewed as an online alternative

Meeting Schedule for 2023

- June 6th, September 5th, and December 5th with the OMD Update

Meeting adjourned at 14:14

Announcements / Dates to Remember – please visit www.tidewaterems.org. Please contact Valerie Vagts at vagts@vaems.org with any changes to your contact information.

The next meeting of the TEMS Operational Medical Directors Committee meeting is scheduled for June 6th, 2023 at 12:00pm.
Location: TBD