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## JOINT TEMS/PEMS COMMITTEE MINUTES

Date: December 5, 2023

Chaired By: Dr. Stewart Martin and Dr. Amir Louka

Location: TEMS Office and Virtual

Begin Time: 12:15 pm End Time: 13:17 pm

### Attendees

Stewart Martin, Amir Louka, April Shackelford, Baker, Betsy Sink, Cara Marie Jackson, Denise Harrison, Don Byars, James McCorrey, Joel Michael, Lauren Kalodner, Lewis Siegel, Lori Givonetti, Michael Owens, Nella Hendley, Rene Moncion, Steve Skrip, Tanya Claiborne. Council: Mike Player, Am Ashe, Joann King, Valerie Vagts

### Old Business

- State OMD Update – Dr. Martin
  - Age 13 and younger is the state identified age range for pediatric.
  - AEMT providers now have administration of the Cyanokit added to their skills.
  - Better defining Extraordinary Measures Protocol. Still needs to be a skill that is in the providers scope of practice and training.
  - Dr. Lindbeck is working on Post-Exposure testing. Need a process that will permit Infectious disease testing on deceased persons after an exposure. Hospital labs will not process blood from a deceased person.
  - NFPA put out a letter that heads up CPR should be standard of care, but State OMD Committee went on record to oppose due to cost and need for more clinical evidence to support this change.
- PEMS Review and Report – Dr. Louka
  - Combining adult and pediatric protocols to streamline useability.
  - Providers like to use Handtevy and they are looking to transition everything, including protocols into Handtevy
  - Blood banks are not working well with EMS and working hard to get hospitals to agree to restock. Had case with a GCS less than 8 with a long transport time, that would have died, who walked out of the hospital with whole blood administration.
  - On the radar for the coming year is to get hospitals outcomes/feedback for providers. Currently leveraging community paramedicine to leverage access.
  - Sentara Williamsburg is investigating becoming a level 3 trauma center, thus far general surgeons generally aren't interested in providing this level of care. But would be a game changer to not have to divert to either VCU or Riverside.
  - Drug kits were a 4 alarm fire about being discontinued, but the issue has now subsided at this time.
  - Traumatic cardiac arrest was called in to closest hospital due to airway compromise, patient was diverted without secured airway. Therefor created an Airway Alert that is non-divertible.
  - AEMT's in Tappahanock and other rural areas, can give Opiates and Benzos.
  - Dr. Louka is working towards dual sequential defib for refractory v-fib. CFD does it, VBEMS won't do the procedure due to invalidating the physio device warranty.
- TEMS Review and Report – Dr. Martin
  - Whole blood celebrated its one-year anniversary in October and has expanded into Chesapeake and Portsmouth, protocol also increased to include medical patients and pediatric starting at age 5. Starting in January, for PEMS, Inova will ship blood for \$100 and only charge when a unit is used and will come pick up the unused bags. TEMS uses the Blood Connection. Still trying to get the hospital to exchange used and unused blood.
  - Transitioned airway from king to iGel this year.
  - Switching from CPAP to BiPap due to the hospitals willingness to restock them.
  - Portsmouth is piloting nitrous oxide for pain – the concentration used isn't as effective as expected.
  - Changed preferred site for needle decompression to mid-axillary.
  - TEMS launched a new website.
  - Chesapeake is working towards trauma center designation.
  - Naval Center Portsmouth is open as a trauma level 2 center. Accepting civilian trauma as well.



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### **New Business**

- Epi for EMTs is being explored with color coded syringes for anaphylaxis for an allergic reaction with med control.
- TEMS is looking into adding ultrasound training and scan capability for select cases in prehospital care.
- Medication Boxes: Ketamine is carried in PEMS RSI box and regular drug box for sedation in behavioral emergencies. TEMS uses ketamine for pain only. No other significant changes.
- Handtevy: Currently supported by the state is not going to renew their contract as of December 20<sup>th</sup>. The councils are looking into helping but are also short on funds due to the state shortage. The cost adjusts based on the number of users within the agency.
- Prehospital LVO screening: PEMS has VCU and Riverside regional as the only two comprehensive centers so they use RACE >5 and symptoms < 24 hours as the determining score to justify the additional transport time. TEMS is starting to gather the score and will evaluate after a year if the RACE score would be of benefit to use in diverting prehospital stroke patients. RACE isn't the easiest to use but would be a significant burden to change.
- CPR induced consciousness is happening on a more frequent basis. There is a paper that references using Ketamine in these instances. VBEMS has been using RSI.
- Don't currently have a Traumatic Cardiac Arrest protocol in PEMS and is researching creating one and will share it when it is completed.

### **Next Meeting**

The next Joint TEMS/PEMS Operational Directors Committee meeting will be in-person/hybrid on Thursday, December 12 at NOON at PEMS: 6876 Main St., Gloucester, VA 23061.