



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
Richmond, VA 23235-4730
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

Medical Direction Committee

February 11, 2016, 08:00 am to 10:00am
Chair: Dr. Allen Yee, Regional OMD

Members and guests present: Allen Yee, Randy Geldreich, Joanne Lapetina, Frank Ramsey, Boyd Wickizer, William Azie, Marsh Cuttino, Richard Gill, Charlie Sheldon, Al Thompson, Mike Ortega, Mike Harmon, Mike Watkins, Blanton Marchese, Bryan McRay, John Dugan, Ken Faulkner, Henry Wong

Conference Line: Willoughby Hundley, Josh Easter, Jeff McPhearson, Brad Taylor,

ODEMSA Staff: Rachel Dillon,

Minutes scribed by: Rachel Dillon

Materials provided: Meeting agenda, previous meeting minutes, draft sepsis protocol, several agency spinal immobilization protocols, POST form

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	<p>Dr. Allen Yee called the meeting to order at 08:02am. Introductions were made, and it was determined that we had a quorum. The minutes from the November meeting were reviewed, and unanimously approved.</p> <p>The meeting then went out of the normal order of business for a special presentation by Ken Faulkner, Advanced Care Planning Coordinator for VCU, on POST (Physician Orders for the Scope of Treatment). POST is designed for physicians to write a medical order set that is customized for terminal or life-limited patients. It is similar to a DNR in that it follows the patient, but currently accompanies a durable DNR. The form is standardized and functional, but not prevalent in this part of this state, and EMS will need training to be aware of it.</p>	<p>Motion by: Willoughby Hundley Seconded by: Joanne Lapetina Vote: November minutes approved</p>
Reports:		



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
 Richmond, VA 23235-4730
 804-560-3300 • FAX: 804-560-0909
 www.odemsa.vaems.org

<p>State Medical Control</p> <p>HCA</p>	<p>Dr. Yee – There is a bill in Congress right now for patient access to emergency medications. This will allow standing orders for EMS and makes the agency the DEA registrant.</p> <p>Marsh Cuttino – The Peds ED at Henrico Doctors’ is running during peak hours. Frank Ramsey – Swift Creek ED will be opening mid-March.</p> <p>There were no other reports from the hospitals or agencies represented in the meeting.</p>	
<p>Old Business:</p>	<p>Sepsis Protocol Discussion – Dr. Yee reminds the group that the regional sepsis protocol was finalized at the last meeting, and all of the receiving hospitals agreed to respond to a prehospital sepsis alert. The group unanimously approved the sepsis protocol to make it active after Board approval.</p> <p>Selective Spinal Immobilization Discussion – Dr. Yee summarizes the three selective spinal immobilization protocols that Hanover Fire, Chesterfield Fire, and Henrico Fire were willing to share with the group. There are two elements to these protocols: the use of a c-collar, and the use of a backboard.</p> <p>The group discusses the c-collar part first. Hanover uses NEXUS guidelines, Henrico uses the Canadian guidelines, and Chesterfield uses a mix of Glass and Canadian. NEXUS cuts off at age 16 and 65; if the patient is alert and oriented and there is no pain upon palpation of the neck, you don’t need a c-collar. Canadian, which is more conservative, requires simple mechanisms or ambulatory with no neck pain; if the patient can rotate his head left and right without pain, he does not require a c-collar. The group unanimously decides to create a draft protocol for c-collar use based on Canadian guidelines for next quarter.</p> <p>Next, the group discusses the possibility of a protocol for backboard use. Dr. Yee notes that there is not literature necessarily supporting the use of backboards, but there is some literature suggesting harm from the use of backboards. The group acknowledges that there would be a huge cultural shift required to remove backboards entirely. The</p>	<p>Motion by: Joanne Lapetina Seconded by: Marsh Cuttino Vote: Sepsis protocol approved</p> <p>Motion by: Boyd Wickizer Seconded by: Joanne Lapetina Vote: Draft protocol on c-collar use only for next quarter</p> <p>Motion by: Boyd Wickizer Seconded by: William Azie Vote: Draft protocol on backboard use as a</p>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
 Richmond, VA 23235-4730
 804-560-3300 • FAX: 804-560-0909
 www.odemsa.vaems.org

	<p>group further discusses, and unanimously decides to draft a conservative protocol where backboards are for patient transfer, not transport. Trauma centers in particular will be informed that this protocol is being drafted.</p>	<p>transfer device only for next quarter</p>
<p>New Business:</p>	<p>Citizen-administered Narcan Programs – Dr. Yee notes that there continues to be a big push for citizen-administered Narcan programs as narcotic overdoses are increasing. Walgreens is looking at doing OTC Narcan.</p> <p>Protocol Review: Cardiac Arrest – The group reviews Protocol 2.7 (General Cardiac Arrest), and makes the following suggestions:</p> <ul style="list-style-type: none"> - First page: update compression rate and depth in box, update antiarrhythmic (?), remove box for epi vs. vasopressin. - Second page: emphasize high quality chest compressions/avoiding interruptions in compressions at the top of the page. Suggest use of pit crew CPR? <p>Protocol Review: Trauma – The group reviews section 4: Adult Trauma Emergencies, and makes the following suggestions:</p> <ul style="list-style-type: none"> - Mike Watkins suggests including a checklist similar to the National Registry or state guidelines to summarize basic steps for trauma patient management, and will send this to Rachel. - Add a box to the START triage diagram emphasizing “Lifesaving Interventions” from MUCC triage. - Create a massive hemorrhage protocol using direct pressure, tourniquets, and hemostatic agents. - Protocol 4.3 (Burns): Replace Parkland formula with Consensus formula from Dr. Feldman and modified Parkland for pediatrics, and emphasize that this is for 2nd degree burns and above. Also stress that there is one burn center in the region for transport, unless the patient is unstable. Provide guidance on what to do if there is any burn cream, etc. applied prior to EMS arrival. Reference Sage diagram? - Protocol 4.5 (Electrical Injuries): Allow BLS to obtain 12-lead ECG, ALS to 	



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
 Richmond, VA 23235-4730
 804-560-3300 • FAX: 804-560-0909
 www.odemsa.vaems.org

	<p>interpret.</p> <ul style="list-style-type: none"> - Protocol 4.6 (Head Injury): Break down step 4 to reference c-collar and backboarding protocols. - Protocol 4.7 (Inhalation Injury): Step 3 – Default to NRBM or BVM, noting that pulse ox is often a false reading (eliminate pulse ox reading?). Go from step 7 to steps 10 and 11, move steps 8 and 9 into separate categories. Update Cyanokit mixing instructions. PEARL number 2 – list local chambers only and verify Halifax Regional. - Protocol 4.8 (Sexual Assault): Emphasize working with law enforcement to go to facility with FNE or a physician that will do forensic exam and getting patient consent to undergo it – part of bulleted steps. Marsh Cuttino to provide verbiage. Check with PD 13/14 on their policies. - Protocol 4.9 (Elder Abuse): Check code language, do same for child abuse protocol. - Protocol 4.10 (Conducted Energy Device Injury): Delete PEARL number 4. - Protocol 4.12 (Field Triage Scheme): Verify that this is the latest version. <p>Business from the Floor – Blanton Marchese from ESS asks if there could be a regional ALS clearance program similar to what TEMS and TJEMS, in particular to help the rural agencies staff their trucks. The group discusses how they currently handle providers that are riding with multiple agencies within the region. Dr. Wickizer talks to the previous OMD. Mike Watkins and Dr. Yee both note that they usually request a letter from the previous agency, and then put the provider through an abbreviated perception. The group discusses further, and decides to have PDC look into the TJEMS and TEMS regional clearance programs, and to have an update on the program feasibility for Medical Direction in 6 months.</p> <p>There is no further business from the floor.</p>	
Next Meeting	May 12, 2016 at 08:00am	
Adjourn	The meeting was adjourned at 10:06am.	