



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
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 www.odemsa.vaems.org

**Medical Control Committee Meeting**

February 12, 2015

Dr. Allen Yee, Chair; [yeea@chesterfield.gov](mailto:yeea@chesterfield.gov)

ODEMSEA CONFERENCE AND EDUCATION CENTER

**Attendance:** Allen Yee, Boyd Wickizer, Eric Bachrach, Frank Ramsey, Joseph Ornato, Randy Geldreich, Robert Powell, Will Mills, Harinder Dhindsa, Scott Hickey, Jeff Ferguson, Wayne Harbour, Valeta Daniels, Brad Taylor, Mike Harmon, Todd Borchers, Mike Watkins, Robin Sayles, Bryan McRay

**Via Tele-conference:** Carlton Stadler, Brian Epperson, Jessica Goodman, Ben Hester, Ian Orensky

**Staff:** Rachel Dillon, Adam Alford, Heidi Hooker

**Materials Distributed:** Agenda, Previous Minutes, Committee Summary, Medication Alternatives Sheet

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Call to Order</b>	Dr. Yee called the meeting to order at 08:03am. Introductions were made, and it was established that we had a quorum. Previous meeting minutes from both November and December were reviewed. Will Mills made a motion to accept, seconded by Brad Taylor. Minutes were approved.	<b>Motion by:</b> Will Mills <b>Seconded by:</b> Brad Taylor <b>Vote:</b> November and December Minutes approved
<b>Reports</b>  State Medical Control Committee   Bon Secours  HCA	Allen Yee – ACEP and the DEA met in December and January to discuss the administration of controlled substances by EMS. Nothing new from the state level.  Most hospitals and agencies had no report. The following are the only ones that were made:  Mark Harmon – The EMS Expo is February 28 and March 1. Registration is filling quickly.  Brad Taylor – Chippenham is now a Level II Trauma Center.	



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<p>Hanover Fire &amp; EMS</p> <p>ODEMSA</p>	<p>Mike Watkins – We’re hiring!</p> <p>Rachel Dillon – We will be hosting an OMD class here May 14<sup>th</sup> after the Medical Control meeting ends at 10:00am.</p>	
<p><b>Old Business</b></p>	<p>RSI Protocol Updates – Mike Watkins explains how he is developing a template for agencies to customize for their needs. He is basing it off the current protocols posted on the ODEMSA website, emphasizing the decision process, first pass success, more medication options, and suggesting contacting medical control if you will need additional medications during transport. Allen emphasizes that this is a sample policy and is not required.</p> <p>Medication Shortages and Changes – Robin Sayles and Ian Orensky give a brief overview of the vasopressin shortage. It is now made by only one manufacturer, requires refrigeration, and is much more expensive. Rachel distributes the medication alternatives chart used by the pharmacies during drug shortages. Allen highlights that vasopressin and epinephrine 1:10,000 are secondary alternatives for each other, with phenylephrine as the third line for both. After a brief discussion, the group decides to not restock vasopressin in the boxes as it expires, and to remove phenylephrine as the tertiary alternative.</p> <p>Metoprolol – The group clarifies that while Metoprolol is not in any specific protocol, it is still in the drug kits as an alternative to adenosine.</p> <p>BLS Narcan/Medication administration – Holly is still working on the protocol to allow BLS providers to administer intranasal Narcan. Dr. Ornato asks for clarification on the ability of BLS providers to administer an auto-injector medication. Dr. Yee states that it is not specific to the indication, only the drug class.</p> <p>D50 vs. D10 – Dr. Mills shows a brief Powerpoint comparing the use of D10 bags versus syringes of D50 that are traditionally used by EMS. Multiple studies are referenced throughout the presentation. Briefly summarized, D10 is believed to be safer for the patient with a similar cost to D50. Robin, Ian, and Ben discuss the logistical side of stocking bags of D10 in the boxes instead of D50, and together agree that the cost should be relatively the same, and would physically fit in the boxes. However, not every hospital keeps the bags in stock. Group then discusses the studies and the validity of the data in comparison to their own experiences using D50. Group also discusses what kind of protocol would be required</p>	<p>Mike to send out draft RSI protocol template.</p> <p>Rachel to relay this decision to the Pharmacy Committee.</p> <p>Rachel to send out D10 Powerpoint to allow everyone to do their own research, and to poll the facilities to see who would need to order</p>



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	<p>to use D10. Decision is made to send out the presentation for everyone to review the articles and studies referenced, and to bring their thoughts to the May meeting. Robin suggests polling the facilities to see if they all keep 250cc bags of D10 in stock.</p> <p>Cyano Kits – Allen briefly describes the history of Cyano Kit purchases in the region: MMRS bought two rounds of kits for the localities 3 years ago and 6 years ago, as well as to stock VCU. They are expiring again, and funding is difficult to find. Wayne asks how often they are used. Allen and Mike state that they average 3-5 a year for each of their departments. Mike asks if VCU can still do one-to-one exchanges for the kits. Ben explains that it is difficult to charge a patient for the kit if the agency charges the patient, so the hospital ends up taking on the cost, which is \$715 for VCU. The group discusses grant funding to cover the costs, such as RSAF. Bryan states that RSAF grant funding is not likely to be approved for the kits since they are not a sustainable product. Rachel reminds the group that the company itself does list several grants on their website to cover the cost. Group calculates total cost would be around \$40,000 (40 kits x ~\$1000/kit), with a two year expiration. Suggestion is made to talk to some of the firefighter associations to see what grants and other funds might be available.</p> <p>Steroids: Prednisone vs. Solu-Medrol vs. Decadron – Dr. Geldreich discusses his research into using Decadron. In summary, it allows for IV, IM, and PO administration options, and has several studies showing that it works for asthma as well as croup. Dr. Geldreich and Dr. Bachrach bring up the need of education for EMS on croup and bronchiolitis. Robin confirms that the cost is also similar to prednisone or Solu-Medrol, but warns the group that Decadron has gone on shortage in the last two years. Dr. Geldreich also suggests putting into the croup protocol to call medical control to give nebulized epi for croup.</p>	<p>the bags specially.</p> <p>Dr. Geldreich to send Decadron articles to Rachel, who will distribute them to the group for review.</p> <p>Holly and Dr. Geldreich to update croup protocol.</p>
<p><b>New Business</b></p>	<p>Due to a scheduling conflict, Dr. Bagwell will actually be presented on pediatric cease resuscitation in May.</p> <p>Dr. Ornato and Dr. Ferguson discuss a change by AHA to move from changing the guidelines every 5 years to rolling updates, and what implications that may have.</p> <p>In the interest of time, a discussion and review of updated committee policies and procedures is postponed.</p> <p>Allen states that the EMS boards are currently open for applications.</p>	



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	<p>Rachel briefly mentions a hemorrhage control training device (the TrueClot) that is available to anyone interested. Dr. Yee suggests distributing contact info for this person to the group.</p> <p>Dr. Bachrach asks if anyone uses the Lucas device. Most of the group states that they use the Autopulse. Rachel mentions that Lakeside VRS does.</p> <p>Dr. Yee reminds everyone that the OMD class will follow this meeting in May.</p>	
<b>Next Meeting</b>	Thursday, May 14, 2015, at 08:00am.	
<b>Adjourn</b>	The meeting was adjourned at 09:49am.	