



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

7818 E. Parham Rd. Suite 911  
Richmond, VA 23294-4303  
804-560-3300 • FAX: 804-560-0909  
www.odemsa.vaems.org

**Medical Direction Committee**

February 6<sup>th</sup>, 2020, 08:00 am to 10:00am  
Chair: Dr. Allen Yee, Regional OMD  
yeea@chesterfield.org

**Members and guests present:** Eric Bachrach, Joanne Lapetina, Joseph Ornato, Jeff Mason, Ben Hester, Marsh Cuttino, Dan Angeli, Mike Watkins, Kelley Rumsey, Benjamin Nicholson, Dave Johnston, Al Thompson, Wayne Harbour, Carrie Suders, Cheryl Nelson, Monique Dixon, Travis Jenkins, Michael Ortega, Frank Ramsey  
**Conference Line:** Randy Gelrich, Jeff Ferguson, William Azize, Prince George Representative  
**ODEMSA Staff:** Tarsha Robinson, Tiffany Almeida, Lynette Eanes, Jordan Rennie  
**Minutes scribed by:** Tarsha Robinson  
**Materials provided:** iPad

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Meeting Called to Order</b>	Dr. Allen Yee called the meeting to order at 08:01am. Introductions were made, and it was determined that we had a quorum. The minutes from the November meeting were reviewed, and unanimously approved.	
<b>Reports:</b>  State Medical Control	Allen Yee stated that hormones have been added back to the scope of practice for ALS providers, and BLS use of epinephrine for anaphylaxis (color-coded system), and these will go to the Governor’s Advisory Board on February 7 <sup>th</sup> 2020; multiple “White Papers” are being written, and are as follows: <ol style="list-style-type: none"><li>1. Blood Products with a Joint Statement with Trauma</li><li>2. Vaccinations</li></ol>	



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<p><b><u>HOSPITALS</u></b></p> <p>HCA Hanover/West Creek EDs, Henrico Doctors</p> <p>Bon Secours – St. Marys</p> <p>VCU</p> <p>ODEMSA</p> <p><b><u>AGENCIES</u></b></p> <p>RAA</p> <p>Hanover</p> <p>Goochland</p> <p>Henrico</p> <p>New Kent</p> <p>Chesterfield</p>	<p>3. RSI Requirements-Asher feels strongly on reigning in RSI in pre-hospital providers until there is increased training and oversight; wants medics to be critical care</p> <p>Drug box issues continue across the state without any word from the DEA</p> <p>N/A</p> <p>JCAHO stroke re-verification period; building out carepoint/E-bridge at SMH, MRMC, and St. Francis; Bon Secours EMS Expo March 5<sup>th</sup>-8<sup>th</sup></p> <p>Preparing for ABA re-verification at the end of February; CHoR preparing for initial survey from ACS for verification as a Children’s Surgery Center; planning CE events</p> <p>Staff changes</p> <p>Taking precautions against coronavirus; purchased a new system to clean not just viruses, but bed bugs as well, limiting downtime of units/personnel</p> <p>21 people starting the academy March 16<sup>th</sup> to prepare for future staffing; are taking/ implementing the recommendations on coronavirus</p> <p>Making adjustments to staff; will be maintaining N95 masks</p> <p>EMS Expo March 5<sup>th</sup>-8<sup>th</sup></p> <p>Taking precautions/implemented dispatch screening for coronavirus; began hiring for new academy</p> <p>Recruit school in progress; will be utilizing N95 masks</p>	
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<p><b>Old Business:</b></p> <p>Medication Additions</p>	<p>Looking to phase in/out ketamine/fentanyl; the discussion was had should the ODEMSA region become opioid-free and go straight to ketamine; pharmacy talked about peds protocol and dosage recommendation (noted below)</p> <ul style="list-style-type: none"> <li>• Current recommended dosage will be difficult to account for, and difficult to draw up/administer, and recommends increasing the dose to at least 10mg, compared to the recommended 7.5mg</li> <li>• Chesterfield stated they have a protocol of 25mg per dose every 10 minutes (0.1mg/kg up to 25mg dose)</li> <li>• Pharmacy recommends capping the amount of doses since there is no comprehensive literature on the cumulative effects of ketamine</li> <li>• Formulate chart to help determine standard dose; pediatric dose would be the same if the dose is capped (&lt;15yo=15mg dose)</li> <li>• Suggestion of a minimum and maximum dose</li> <li>• Suggest med control for pediatric patients &lt;2yo</li> <li>• Recommended dose- 0.1mg/kg 15mg max pediatric dose; 25mg max adult dose per dose up to 2 doses; if the provider feels as if more pain control is needed, contact med control</li> <li>• July 1<sup>st</sup> rollover to ketamine</li> <li>• Add intranasal to administration route, however, IV/IM is also available, but will add IN to med reference</li> <li>• Currently have the use of nitrates and ASA for chest pain; will not be using opioids for chest pain</li> </ul> <p>Recommendation of the committee to see better emphasis on toradol usage (believes it is under-utilized)</p> <p>Chesterfield looking into oral agents (i.e. Tylenol, ibuprofen) but was emphasized that meds must be in blister packs</p> <p><b>**EDUCATION**</b> for ketamine-ODEMSA staff will take care of putting together education materials and passing along to agencies on the use of ketamine and toradol; have permission to do poster at EMS Expo (Tiffany and Carrie), and will look into adding material to ODEMSA booth in vendor hall, and a possible lunch-and-learn</p>	
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	Drug box exchange will significantly change if/when DEA decides VA can no longer continue with current process; Carillon will [possibly] sell agencies the meds; continued discussions need to be had to work through schedule 2-5 drugs	
<b>New Business:</b>	<p>Stroke Committee-wants to create a sub-committee that looks at creating guidelines standardizing CVA inter-facility transport</p> <p>STEMI Committee-wants to look at guidelines for STEMI inter-facility transfers</p> <p>Traumatic Arrests-remove epinephrine from TRAUMATIC arrests; explicitly say “no epinephrine” or written out as a PEARL; if able to obtain ROSC, transfer to a trauma center; if the patient re-arrests, transfer to closes hospital; pre-hospital in TX have been having positive results with focusing on airway, decompression, and pelvic binding in traumatic arrests</p> <ul style="list-style-type: none"> <li>• Will keep working on 2.15 2020 Traumatic Cardiac Arrest guideline</li> <li>• Create sub-group for 2.11 2020 Adult and Pediatric DOA</li> </ul> <p>May meeting deliverable: protocols due</p>	<p><b>Motion by:</b> Al Thompson to approve previous meeting minutes, to become an opioid-free region, to accept recommendations on ketamine, to adjourn meeting</p> <p><b>Seconded by:</b> Multiple</p> <p><b>Vote:</b> Meeting minutes approved, ODEMSA will become an opioid-free region, ketamine recommendations accepted, and meeting adjourned</p>
<b>Next Meeting</b>	May 7 <sup>th</sup> , 2020 at 08:00am	
<b>Adjourn</b>	The meeting was adjourned at 9:53am	