



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 9, 2017, 08:00 am to 10:00am
Chair: Dr. Allen Yee, Regional OMD

Members and guests present: Dusty Anderson, Jeffery Ferguson, Randy Geldreich, Joanne Lapetina, Joseph Oranato, Frank Ramsey, Allen Yee, Richard Gill, Al Thompson, Bob Bowie, Kelly Ferguson, Gary Samuels, Mike Harmon, Joshua Lloyd, Wayne Harbour, Eddie Ferguson

Conference Line: Will Mills, William Azie, Marsh Cuttino, Harinder Dhindsa, Wanda Brockley, Caroline Thompson, Amy Ashe

ODEMSA Staff: Holly Sturdevant, Megan Young, Adam Alford, Heidi Hooker

Minutes scribed by: Megan Young

Materials provided: Meeting agenda, previous meeting minutes, Reference Binder

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	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.	Motion by: Jeff Ferguson to approve the November minutes and February Agenda Seconded by: Dusty Anderson Vote: Unanimously approved
Reports: State Medical Control	Allen Yee stated that the bill HR4365 (DA Regulations for EMS) did not pass. Earlier this year house resolution 304 (patient access to medication bill) did pass and went to the Senate side. If it passes in the senate, and they sign it, that will prompt, potentially, the DEA to make rules for the controlled substances which will make the agency and the medical director responsible for narcotics. Right now, the hospital is responsible for	



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	<p>them. This bill would allow EMS to transport narcotics across state lines in any vehicle. The American College of Surgery has a survey out addressing the concerns to strengthen up protocols and to develop a State Medical Director. The continued debate of the Intermediate certification is going on with Town Hall Meetings. The first one was held last Thursday, the Office of EMS has no real concrete plans. One of the ideas is to let existing intermediates practice as long as they keep up with their CEU hour requirements. The question now is, what happens with new intermediates? National Registry plans to stop testing the intermediate around 2018-2020.</p>	
<p>Powhatan, Metro-Richmond EMS Sub-Council Medical Director</p>	<p>Joanne Lapetina – Cumberland now has full-time paid providers.</p>	
<p>Amelia, Blackstone, Crewe, Nottoway</p>	<p>Frank Ramsey – No report.</p>	
<p>RAA, Henrico Fire, Richmond Fire</p>	<p>Joeseeph Oranato – No report.</p>	
<p>Ashland VRS, Tuckahoe</p>	<p>Randy Geldreich – No report.</p>	
<p>Goochland</p>	<p>Joshua Lloyd – No report.</p>	
<p>MTI, Colonial Heights</p>	<p>Dusty Anderson – No report.</p>	
<p>Med-Flight I, Henrico Fire, RVRS</p>	<p>Jeff Ferguson – No report.</p>	
<p>Bon Secours</p>	<p>Al Thompson - Bon Secours is hosting their Central Virginia EMS Expo in Henrico on March 4th - 5th and are expecting to hit the max of 600 students.</p>	
<p>HCA</p>	<p>Gary Samuels - He stated construction is going well at the new cancer center at Henrico Doctors Forest and the new Women’s Pavilion is up and running.</p>	



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<p>Goochland Fire and Rescue</p> <p>New Kent Fire and Rescue</p> <p>ODEMSA</p>	<p>Eddie Ferguson – No report.</p> <p>Amy Ashe – No report.</p> <p>Holly Studervant - The Regional Awards ceremony and Picnic has been moved to May 20th a few days before EMS Week. This hopefully will help with attendance and interest. She advised everyone to please start thinking of nominees for the awards. The nation’s first new National Registry Paramedic Test was on January 21st hosted by ODEMSA and held at Chesterfield. The ODEMSA held Boot Camp class is going well and has received a lot of good reviews from the participants, she advised there is still space available if anyone wants to join. We are holding two hybrid online EMT classes right now, one at Bensley-Bermuda and the other at Halifax. ODEMSA schedules the clinicals for the EMS students in the region and has moved systems from FISDAP to the site Platinum Planner.</p>	
<p>New Business:</p> <p>CSB Reps and Guests Psyche/Mental Health Protocol</p>	<p>Varying Community Service Boards Mental Health representatives in the ODEMSA region along with a Henrico Deputy have attended the meeting to answer any question on their mental health policies. Deputy Green stated that for Henrico County PD they have an assessment site at Parham Doctors Hospital so most of their ECOs would go to there for at least the initial screening. He stated pediatrics is a bit of an enigma for them. It would depend on what age the child is, if they are 13 and under the parent can make the decision and it is still a voluntary decision. If they are 14 and older and refuse to be seen, then they have to look at the ECO/TDO route. Chesterfield stated they share the triage center with Richmond which is open 9am-12pm. Wanda Brockley stated that in Southside they only have two hospitals and at Halifax Regional they have an assessment center that is open 5 days a week. A discussion was started on the Medical Screening process and the medical placement for pediatrics and adults. It was stated that a State Hospital is required to accept a mental health patient if no one else can admit. Allen Yee stated that the biggest concern right now for EMS is the voluntary PEDs patients and if the two PEDs facilities are full what do they do? The group decided if one of those hospitals were on diversion it would still be reasonable to take the patient there if patient choice, if not then general diversion rules apply. This will be</p>	



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<p>Patient Owned Medications</p>	<p>taken to the diversion committee.</p> <p>Recently a citizen put in a request for a bill, to mandate that all levels of providers may give glucagon even if it is patient prescribed. It is already allowed under our protocols for EMTs to give it IM, just not if it is a patient medication. Allen Yee introduced a new, agency option protocol to allow for the administration of certain patient medications. It was decided that if anyone has any ideas on patient medications and for what providers can do and can't to email Megan the suggestion. It was also decided to mandate a phone call to Medical Control for some of the riskier medications. The concern was brought up that some agencies would have a problem with a BLS provider cracking a drug box. It was requested that the Professional Development Committee come up with some sort of training on reconstituting medications, IM injections, and the process of exchanging the ODEMSEA drug box. It will also be added to the Pharmacy Committees agenda to reconfigure the ODEMSEA drug box to have the upper compartment be all the BLS medications. An update to the Hypoglycemia protocol (3-8) under 7-D to allow for the EMT to give glucagon IM was also required.</p>	
<p>Old Business:</p> <p>Protocol Updates</p> <p>Stroke Scale Workgroup Update</p> <p>LifeVest Protocol</p>	<p>A draft protocol update will be presented at the next meeting on giving nebulized epinephrine to a younger age. Allen Yee also asked if the committee could look at the acute pain management guidelines next time. Jeff Ferguson talked about the cardiac arrest protocol for termination efforts which are (12, 7-8-9), he will bring the updates next meeting.</p> <p>The workgroup met and chose the LVO scale of VAN and is currently working on the guidelines for the time parameters and hospital destination choices.</p> <p>Al Thompson asked the committee last meeting if they could come up with some type of guideline for EMS on what to do with wearable medical items such as the LVAD, Zoll Lifestest, and the Freedom Driver. Joseph Oranato stated that an article on wearable devices is written and will be coming out soon from the American Heart Association. Allen Yee stated when the circulation comes out the committee will use it to create a EMS specific guideline.</p>	



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Use of Nitrates	It was decided that if the patient has a history of coronary artery disease or a confirmed STEMI then nitrates would be given. If a patient is outside of that group, then the nitrates would be withheld. The language in the protocols will be tweaked to “If suspected cardiac etiology, consider nitrates” and then brought to the next meeting. It was suggested looking at the wording in the 2010 ACLS AHA guidelines for reference. There was no further business from the floor.	
Next Meeting	May 11, 2017 at 08:00am	
Adjourn	The meeting was adjourned at 9:34am.	