



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

7818 E. Parham Rd. Suite 911
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www.odemsa.vaems.org

Medical Direction Committee

November 6th, 2020, 08:00 am to 10:00am
Chair: Dr. Allen Yee, Regional OMD
yeea@chesterfield.org

Members and guests present: N/A

Conference Line: Allen Yee, Travis Jenkins, Katie Michura, Jason Johnson, Kelley Rumsey, Al Thompson, Michel Aboutanos, Eric Bachrach, Dusty Anderson, Greg Neiman, DJ Johnston, Bryan McKray, Mike Watkins, Tina Kirshenbaum, Beth Broering, Chelsea Dilworth, Jordan Rennie, Kathe Ware, Daniel Angeli, Wayne Harbour, Amy Howard, Monty Dixon, Frank Ramsey, Jeff Haynes, Randy Geldreich, John Fitzgerald, David Seay, Kate Schulz, Ben Hester, Lisa Baber, Steve Parrott,

ODEMSA Staff: Tarsha Robinson, Ryan Scarbrough, Tiffany Almeida, Lynette Eanes

Minutes scribed by: Tarsha Robinson

Materials provided: Agenda, previous meeting minutes

Topic/Subject	Discussion **Modified Meeting due to COVID-19 Pandemic**	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Dr. Allen Yee called the meeting to order at 08:00 am. Introductions were made, and it was determined that we had a quorum. The minutes from the August meeting were reviewed, and unanimously approved.	**minutes do not reflect ongoing meetings due to COVID**
Reports: State Medical Control	Has not formally met in quite some time due to COVID but has been meeting informally every other week; has been discussing DEA regulations and developing a work group to create tool kits for agencies and regional councils; regulations are not as onerous as expected, with a lot of latitude	Motion: Eric Bachrach Seconded by: Al Thompson Vote: previous meeting minutes, agenda approved



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<p><u>HOSPITALS</u></p> <p>HCA Hanover/West Creek EDs, Henrico Doctors</p> <p>Bon Secours</p> <p>CVHC</p> <p>VCU</p> <p>ODEMSA</p> <p><u>AGENCIES</u></p> <p>RAA</p> <p>Hanover</p> <p>Goochland</p> <p>Henrico</p> <p>New Kent</p> <p>Southside Rescue Squad</p>	<p>Dr. Cuttino has stepped down as ED Medical Director at HDH-Forest, and Dr. Vinton is the new ED Director; no real update on the opening of West Creek or Retreat behavioral, but hoping to open both up at the beginning of the year</p> <p>Nothing to report</p> <p>Nothing to report</p> <p>Continued construction</p> <p>Tarsha thanked everyone who tuned in to the Regional Awards ceremony on November 2nd on Facebook Live. Dr. Yee asked that the winners be announced again during the meeting</p> <p>Nothing to report</p> <p>Interview are being held for their next recruit school; transports are up compared to last year; thank you to hospital staff and liaisons</p> <p>Implementing Handtevy; much more onerous process than expected but going forward; hoping to have it implemented by December</p> <p>Nothing to report</p> <p>Nothing to report</p> <p>Nothing to report</p>	
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<p>Old Business:</p> <p>Drug Box Update/Pre-hospital Analgesia</p> <p>Traumatic Cardiac Arrest</p> <p>COVID Updates</p>	<p>Protocol sent out a week prior endorsing the return of fentanyl to the drug box after the approval from both Medical Direction and Pharmacy Committee; Pharmacy committee stated if there was no standardized protocol in place for ketamine, then there was no need to have it until one could be drafted and agreed upon, or if the DEA ruled that scheduled 2 medications have to be accompanied by a 222</p> <p>Central VA Regional Trauma Committee-VCU, Chippenham, HDH-Forest, SRMC, Mary Washington Hospital gathered to discuss aggregate pre-hospital arrest data in the region; initial data showed approx. 340 patients in arrest due to traumatic injuries over a 3 year period; 205 patients who arrived directly to trauma centers that had CPR in progress upon arrival; approx. 140 expired in the ED; of the 70 remaining, all but one expired in the hospital; variable outcomes to those patients who obtained ROSC prior to arrival to the trauma centers; guidelines/best practice shows pre-hospital providers should perform high quality CPR, establish airway, identify need for needle decompression or fluids; if ROSC is not obtained within a set period of time, ongoing resuscitation and transportation attempts would be futile; no dose/single dose/multiple dose epinephrine-consider epinephrine if there is a medical concern for the arrest; pediatric perspective is no epinephrine if arrest is traumatic in nature; add into protocol to administer epinephrine if there is a concern for possible medical etiology; also add into the diagram “assess patient for arrest etiology” then breakout lines that says follow medical or traumatic guidelines; on-scene treatment time of 20min</p> <p>Numbers are climbing slightly; vaccination programs are being developed; hospital and EMS personnel are still in the first tier to receive vaccination; if personnel are participating in a VDH vaccination event, must complete state training, but if the vaccination event is happening “in-house”, then any provider checked off by their OMD can administer the vaccine</p>	



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<p>New Business:</p> <p>DEA Regulations</p> <p>Protocols</p>	<p>DEA regulations-Dr. Yee gave a brief presentation on what the regulations might be, to include that documentation will be more cumbersome when EMS agencies are exchanging narcotics with pharmacies, but there is still a lot of ambiguity in the recommended regulations, and will continue to be monitored</p> <p>No recommendations for changes to sections 3, 4, and 5; 3.11A shows AEMT allowed to administer magnesium, but the state formulary says it is not allowed; 3.11A will be corrected to show that AEMT's are NOT allowed to administer magnesium</p>	
<p>Next Meeting</p>	<p>TBD, 2021</p>	
<p>Adjourn</p>	<p>The meeting was adjourned at 09:35 am</p>	