OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.
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Medical Direction Committee

February 3rd, 2022, 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, Eric Bachrach, Bubby Bish, Kelley Rumsey, Brian Lanham, Jeff Ferguson, Brandon Nunnally, Travis, Monica Bregman, Monty Dixon, Ashley Andrews, Joanne Lapetina, Jason Johnson, Greg Neiman, Wayne Harbour, John Fitzgerald, Ben Hester, Kayla Long, Joe Ornato, William Azie
ODEMSA Staff: Tarsha Robinson
Minutes scribed by: Tarsha Robinson
Materials provided: Agenda, previous meeting minutes

Topic/Subject	Discussion	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 (08:30am). The minutes from the previous meeting were reviewed, agenda was reviewed, and unanimously approved.	**Motion:** Jeff Ferguson **Seconded by:** Joanne Lapetina **Vote:** previous meeting minutes, agenda approved
Reports: State Medical Control	Updated “scope of practice” for paramedic and intermediate; some skills designated as “black” will become “red” and “red” will require additional training at the agency with no requirements on what the training is; the two that will be changing are RSI and the use of benzos; more “red” dots may be added at the next Medical Control meeting; it helps to assist building of critical care programs at the agency level; Medical Control made a motion to endorse any legislation to increase the amount/use of AED’s; the Shock and	

	Compress foundation from Roanoke; submitted a proposal to get a tax credit when you buy a car for half off an AED; the DEA hasn't released any updated rules/regulations, but the OEMS and BOP has released a document on how EMS is to be compliant with the BOP regulations, to include each agency obtaining their own CSR (controlled substance registration); there is no movement on whether the drug box program is going away, however the OEMS has purchased pxysis-style machines that will be piloted in the Central Shenandoah region that will be a one-for-one drug exchange with everything but controlled substances; there may be a second, separate kit for controlled substances; there was some discussion on TXA; Dr. Abutanos from VCU will go to the Trauma Coalition to reaffirm their position on TXA; Dr. Yee will ask the VA chapter of ACS for their consensus on the use of TXA in the pre-hospital setting; N-ASCOT released a new trauma triage scheme, and is now only 2 boxes and easy to follow; There was a discussion involving critical care; discussion included what constitutes critical care level of care, and critical care scope of practice	
HOSPITALS		
Bon Secours	Nothing to report	
HCA	Along with Prince George, will be hosting RECHARGE, a super CE weekend	
VCU	Lanney Jones is retiring; VDH is conducting the adult and peds trauma survey, as well as burn reverification survey next week	
ODEMSA	Nominations for the Regional Awards is now open	
AGENCIES		
Henrico	Nothing to report	
Hanover	Nothing to report	
SVEC	Nothing to report	
New Kent	Nothing to report	

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RAA	Nothing to report	
Chesterfield	Nothing to report	
Southside Rescue Squad/Halifax	Nothing to report	
RIA	Nothing to report	
Prince George	Will be co-hosting RECHARGE with HCA (super CE weekend)	
Dr. Lapetina	Nothing to report	
Old Business:		
Drug Box Update/Pre-hospital Analgesia	Epi syringe shortages continue; hospitals have been compensating by creating kits with epi vial and saline; some may experience sodium bicarbonate shortages; VCU has been experiencing shortages of needle syringes; brief discussion with Ben Hester, Pharmacy Chair, regarding physician signatures for controlled substances administration; conversation will continue with both committees to come up with a resolution; there is no opposition in regards to the fact that sedation should/could be used in an arrest but in regards to ketamine, several states are trying to outlaw ketamine for EMS; in regards to signatures, there is no law requiring administration of controlled substances after the fact; DEA law for patient access to medication-there have not been any regulations presented, so it continues to be a waiting game in regards to how the drug box program can continue in VA; BOP created a document on how agencies are supposed to be handling medications and a CSR; there are two types and for those who have them have the wrong one; there will be a document coming forth from BOP/OEMS on agencies being required to obtain a CSR; “excited delirium” has been changed to “hyperactive delirium with agitation” and papers have been published stating that high dose ketamine is still recommended for this condition	

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Legislative Updates	Bills have been presented to make EMS an essential service which has bipartisan support; dispatchers have LEO benefits (VA state police are in opposition, but IAFF and several other organizations are in support of this bill)	
New Business:		
Protocols	No protocols were reviewed this quarter	
Hospital Diversion	In regards to the PDC, a pilot program went into effect to suspend the PDC and force hospitals into an "open" status; EMS providers could go where they wanted/needed; some agencies have created their own internal diversion plans; there were minimal delays, so the Hospital Diversion committee has voted to suspend the Diversion Plan and the PDC has ceased operations as of January 28th, 2022; VCU, due to VHASS constraints, is showing on diversion but it's for "in-patient transfers" because there is no way to separate in-house from EMS transfers; Bon Secours has implemented an EMS triage nurse from 11:30-23:30 with 4 hallway beds so EMS can be off-loaded without impacting waiting room triage or "leap frogging" other patients, which has helped with wall times (only M-F) and is receiving positive feedback from EMS; with the downturn of COVID, Southside Medical Center states that volume has been down and over the weekend, had 6 total patients in the ER, which are numbers that haven't been seen in over 24mo; VCU states have increased the scrutiny of their triage screening with the ability to send people to the waiting room if needed; the backflow nurse or physician can do a quick look to see if patient is appropriate for triage, including patients with IV's; guidance and in-service training is being done for nursing staff; Centra states still using hallway beds and opening up a second triage area; they are also solidifying triage plan to put priority admissions into in-patient beds; RAA continues to keep a close eye on turnover times, and if needed, will send a supervisor to facilities to make sure everything is ok on their side; Chesterfield states after 45min (stable patients), provider will call BC and if there is enough flexibility, provider will stay with the patient, and if not, will work with the nursing staff to find someplace to put the patient; Dr. Yee stated did receive an outlier that a facility called for assistance with a cardiac arrest, however their plan seems to be working well	
Business From the Floor	Last meeting, it was voted to include Chippenham in to the burn triage plan (peds will continue to go to peds trauma center if multi-system); in regards to the trauma triage plan, ACS has not changed the plan; there is a draft that shows the plan going from 3	**Motion:** Joanne Lapetina **Seconded by:** Kayla Long

	tiers to 2; it does still tend to over-triage some trauma centers, presumably to prevent under-triage; COVID guidelines-most agencies have gone back to allowing nebulizers with terbutaline as secondary; there is a concern that providing steroids will cause viral load reproduction, causing a possible adverse outcome; it was suggested that for known asthmatics, etc., steroids be administered but for new onset SOB, withhold steroids; new AHA guidelines emphasizes "scene safety/BSI" then begin CPR; Dr. Ornato will send the document to Tarsha to send to the rest of the committee; scope of practice-vents and RSI (along with several other procedures) require additional training at the agency; it will allow agencies to bill for critical care; while at CARES, the VA delegation met with ESO and CARES; ESO does have added tools that are coming that will allow QA/QI to be completed more easily; will have "canned" reports but will allow more flexibility for more personalized reports; more agencies and localities are participating in CARES but looking at a statewide system; suggestions included using the regional council system, but the goal is to have one point-of-contact; currently no FTE for a full-time position	**Vote:** Resume pre-pandemic protocols for dyspnea/wheezing for known asthmatics/COPD'ers, etc., but withhold steroid administration for new onset dyspnea
Next Meeting	May 12th, 2022	
Adjourn	The meeting was adjourned at 09:55 am	