



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

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

**Medical Direction Committee**

August 4th, 2022, 08:00 am to 10:00am  
Chair: Dr. Allen Yee, Regional OMD  
yeea@chesterfield.org

**Members and guests present:** Jessica Goodman, Wayne Harbour

**Conference Line:** Andrew Hartung, Al Thompson, Tina Kirshenbaum, Michael Ferras, Allen Yee, Travis Jenkins, Brian Lanham, Monty Dixon, Greg Neiman, Craig Bride, Jason Johnson, Mike Watkins, Joe Ornato, Kayla Long, Deborah Vinton, Jeff Ferguson

**ODEMSA Staff:** Tarsha Robinson, Tiffany Almeida, Kathy Eubank

**Minutes scribed by:** Tarsha Robinson

**Materials provided:** Agenda, previous meeting minutes

<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 08:00 am. Introductions were made, and it was determined that we did not had a quorum. A quorum was reached at approx. 08:20, and at that point, the minutes from the previous meeting were reviewed, agenda was reviewed, and unanimously approved.	<b>Motion:</b> Joe Ornato <b>Seconded by:</b> Jeff Ferguson <b>Vote:</b> previous meeting minutes, agenda approved
<b>Reports:</b>  State Medical Control	Patient medication law has changes that will be updated in October; unclear on what the grace period is SOP – epinephrine IV/IM at AEMT level and nebulized epinephrine updated outside of anaphylaxis “red dot”	



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<p><b><u>HOSPITALS</u></b></p> <p>Bon Secours</p> <p>HCA</p> <p>VCU</p> <p>ODEMSA</p> <p><b><u>AGENCIES</u></b></p> <p>Henrico</p> <p>Hanover</p> <p>New Kent</p> <p>RAA</p> <p>Chesterfield</p> <p>Goochland</p> <p>Stony Point</p>	<p>As of 07/01/2022, agencies are required to show training for providers; training has to be documented on agency letterhead to show it was completed (doesn't have to be in each individual provider's personnel file)          Chapter 32 will replace current rules and regulations</p> <p>No report</p> <p>No report</p> <p>No report</p> <p>Thank you to those who submitted nominations for the Regional Awards; awards will be presented on Facebook Live on Sept 6<sup>th</sup>; racemic epinephrine protocol approved by pharmacy and will go into the boxes starting in September; pharmacy approved changes to the drug kits which are that the outer loop on the boxes will be reinforced with a grommet, and the seals themselves will be changed to accommodate the new diameter of the loop since the grommet will be added</p> <p>Standing up additional BLS units beginning approx. Sept. 1st</p> <p>Nothing to report</p> <p>Nothing to report</p> <p>Nothing to report</p> <p>Nothing to report</p> <p>Nothing to report</p> <p>Nothing to report</p> <p>Nothing to report</p>	
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<p><b>Old Business:</b></p> <p>Drug Box Update/Pre-hospital Analgesia</p> <p>Legislative Updates</p>	<p>There continues to be medication shortages, including epinephrine, but at this time, none are affecting the drug kits</p> <p>Agencies will need to apply for a CSR; OEMS along with the BOP released new guidelines and hoping agencies will apply for them; drug box pyxis system is being piloted by Central Shenandoah EMS council/region; agencies can obtain DEA licenses</p>	
<p><b>New Business:</b></p> <p>Protocols</p> <p>Business From the Floor</p>	<p>Sections 6, 8, 9 and 10 were reviewed; under section 6-4 it was advised that the PEARL used incorrect verbiage (advising the use of fundal pressure with a baby presenting with shoulder dystocia) and it was suggested that PEARL either be re-written or deleted; the pediatric shock protocol references a fluid challenge but no medications and no clarification of administering medications; Mike Watkins advised that in the ER, epinephrine/norepinephrine is given under very specific circumstances and feels it needs to be on a pump; it was requested that to eliminate any confusion, that the reference to administer medications be remove from the medication reference list; it was also mentioned that Handtevy is free for agencies, and does have additional modules for purchase</p> <p>There are still concerns that providers aren't doing ECG's and all OMD's were asked to make sure providers are capturing one; Tarsha presented a quick look at chest pain data showing how many ECG's were performed when the primary/secondary complaint was chest pain; would like to review the chest pain protocol at the next Medical Direction committee meeting, and would like to discuss a two-tiered STEMI alert system for the region; advised STEMI committee didn't feel it necessarily helped all the facilities in the region to help prevent both false positives and negatives but will try to get a solid recommendation from the STEMI committee</p> <p>Though not in the legislative cycle, new legislation is changing language to make EMS</p>	<p><b>Motion:</b> Joe Ornato  <b>Seconded by:</b> Jeff Ferguson  <b>Vote:</b> remove PEARL from protocol 6-4</p>



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	<p>an essential function, as EMS currently is not</p> <p>MCI committee-there was an MCI in Cumberland Co that brought up concerns about what to do with peds trauma; what do we do/what are the concerns of peds patients going to community hospitals, specifically during an MCI; what role do the FSED's play in an MCI (small MCI – don't utilize? large MCI – utilize?); do we incorporate a tiered system; Dr. Ferrars advised for minor trauma, FSED's can help ease pressure of system during an MCI (including in instances of i.e. mandibular trauma) and limit red patients, specifically during the first wave of an incident; MCI and MDC committees will work together to work on a proposal</p> <p>ODEMSA advised the group that a new agency is opening up in the metro area to do IFT's, etc., and is looking for a medical director</p> <p>ACS has updated the Trauma Triage, and will work with the PI committee to update the regional Trauma Triage Plan to fit our needs</p> <p>Monkeypox is in the state; the state has low double digit cases, and standard precautions need to be utilized; will update as needed</p>	
<b>Next Meeting</b>	November 3rd, 2022	
<b>Adjourn</b>	The meeting was adjourned at 09:55 am	