



**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**

November 13th, 2025, 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, Joanne Lapetina, Michael Ferras, Aseel Hussain, Emma Spruill, Melody Spivey, Monty Dixon, Travis Jenkins, Lisa Baber, Joseph Ornato, Wayne Harbour, Jessica Goodman, Gary Samuels, Amy Howard, Jeff Ferguson, Craig Bride, Greg Neiman, Mike Harmon, William Azie, Kevin Sullivan, Kevin Michalek, Ben Hester, Will Hundley

**ODEMSA Staff:** Tarsha Robinson

**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 have a quorum.	<b>Motion:</b> Joanne Lapetina <b>Seconded by:</b> Dr. Angeli <b>Vote:</b> Meeting minutes and agenda approved
<b>Reports:</b>  State Medical Control	GAB distributed several articles from the Trauma Compendium and submitted them to the State Medical Directors who voted to remove traction splint and pelvic binders off the required emergency vehicle list; also Chapter 32 is going to be reviewed per the Governor's office because of how long it has been since the project started to	



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<p><b><u>HOSPITALS</u></b></p> <p>VCU</p> <p>Bon Secours</p> <p>HCA</p> <p>Centra <b><u>AGENCIES</u></b></p> <p>Chesterfield</p>	<p>submission, update where needed, and submit again; it was proposed that certain nomenclature be changed regarding EMS physicians in the code of VA, referring to operational medical director or physician course director vs board certified trained physician; it was suggested that these terms be changed in legislation but in the regulations refer to the operational medical director who can be the medical director of an agency; if you're boarded in internal medicine, emergency medicine, or EMS then you are fine; if you're board eligible for EMS or emergency medicine, you have to show proof that you had the content of ACLS, ATLS, and PALS; if you are board certified in any specialty you have to ACLS and ATLS or equivalent; instead of 2 "hot topics" required every 5yrs, it was changed to "required education from the Office of EMS"; it was suggested that the regulation that allows OEMS to de-credential medical directors be removed as well; regarding the required emergency equipment list, it's being reviewed in comparison to the national equipment list; ours has numbers on it, but suggested it be removed (e.g. requiring band-aids and 4x4s but not specifying an exact amount) and go to a tracer methodology (inspector would ask the agency if you have a patient with a STEMI, show me the equipment you'll need), show feedback loop, and PI loop if there's an issue; another proposal was adding pediatric specialty transport to neonatal ("neonatal and pediatric specialty-looking for a simpler term to encompass both or either)</p> <p>Thank you to those who participated in another successful virtual EMS Symposium; preparing for Richmond marathon on Saturday</p> <p>SMH has begun construction and renovation to west hospital for the critical care tower; a ribbon cutting is planned for Dec 10<sup>th</sup> for the Ashland FSED</p> <p>Jessica Goodman introduced herself as the new provider and physician liaison for Chip's burn program</p> <p>Farmville will no longer have inpatient or outpatient OB services starting Dec 19th</p> <p>No report</p>	
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Charles City	No report	
RAA	No report	
New Kent	No report	
Powhatan	No report	
H2H	No report	
<b><u>ODEMSA</u></b>	Ryan and Heidi went to the GA for the Crash Responders Safety Week proclamation	
<b>Old Business:</b>		
Legislative Update	Legislation is being presented to include dispatchers/PSAP to be eligible for enhanced public safety benefits, allowing them to have earlier retirement	<b>Motion: Seconded by: Vote:</b>
CSR, DEA/FDA Update	n/a	



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**New Business:**

Business From the Floor

- OEMS has asked the councils to start looking at protocol changes to meet the content of the Trauma Compendium and the spinal cord injury recommendations, and the lack of benefit of spinal motion restriction (put responsive patients in a POC and tell them not to move their head); focus on resuscitation and maintaining MAP; it was asked if this included IFT's and Dr. Yee advised that the recommendations were limited to out-of-hospital use
- Don't perform needle decompressions unless you have shock physiology
- Avoid/remove the use of vasopressors in traumatic hemorrhagic shock
- Allow for permissive hypotension in trauma and raising the threshold for TBI to at least 110 systolic
- With the dissolution of the regional drug kit program, how does pharmacy still fit into the region; it was suggested pharmacy reps [from each health system or just one person] be implemented into MDC on a consult basis
- Dr. Hussein from Healthcare LLC is requesting an OMD for her agency as an IFT based in Henrico
- Regarding OB services at Farmville, it was noted that patients from those areas would have to come into metro Richmond or down to Duke; they will be doing EMS training for patients with OB complaints (taking a patient to an OB facility if contractions are more than 5min apart vs the closest facility for contractions less than 5min apart); advised ED physicians are able to perform perimortem c-sections if mom is coding but otherwise ED physicians do not perform emergency c-sections
- Scope of practice or ketamine for Intermediates has been expanded from pain management to the entire depth of pre-hospital use
- A scope of practice and formulary for canines is being worked on in conjunction with the Board of Veterinary Medicine for a provider to work on any canine that has been injured while working; in the veterinary practice act, as long as you own the dog or are a FT employee of the agency who owns the dog then you can provide care (i.e. a Chesterfield firefighter can provide care to a Chesterfield County police canine if they get injured, however a Chesterfield firefighter legally can't provide care to a VSP canine)

**Motion:** Dr. Ferguson

**Seconded by:** Dr.

Lapetina

**Vote:** MDC to request to Patient Destination to create dashboard for real-time data



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	<ul style="list-style-type: none"><li>It was advised that a pharmacy contract from the VHHA allows EMS agencies access to purchase meds from a larger vendor at a lower price point</li></ul>	
<b>Next Meeting</b>	February 12th, 2026	
<b>Adjourn</b>	The meeting was adjourned at 09:04 am	