



Tidewater EMS Council, Inc.
Operational Medical Directors Committee
Minutes – June 7th, 2022 12:00pm

Attendance

Name	Agency/Representing	Attended
Stewart Martin, MD	VBEMS/ Chairperson	x
Stephen M. Skrip, MD	MTI /Airport	x
Jim Burhop, MD	CHKD	x
April Shackelford, MD	Franklin/ Southampton	x
Richard Slama, MD	Navy Region Mid-Atlantic	
Barry Knapp, MD	Norfolk Fire-Rescue	x
Rene Morcion, DO	Reliance Medical Transport	
Carl Wentzel, MD	Suffolk Fire and Rescue	
Manuel Armada, MD	TCC	
Don Byars, MD	Portsmouth Fire and Rescue	
Paul Roszko, MD	Navy	x
Zane Shuck, MD	Franklin/Southampton County	x
Michael Owens, MD		x
Jamil Kahn, MD	CHKD	
Joe Lang, MD	Portsmouth Fire and Rescue	x
Joel Michael, MD	IOW, NSVRS	x
Lewis Siegel, MD	Chesapeake Fire	x
Lori Givonetti, MD	Nightingale	
Mike Bono, MD	Special Events	
Paul Holata, MD	Norfolk Fire-Rescue EMT-I	
Meg Eason, MD	CHKD	
Hugh Hemsley, MD	Accomack Department of Public Safety	
Joseph Kitora, MD	NMCP	
James Reynolds	CFD	x
David Long	TEMS	
Joey Hundley	VBEMS	
Valerie Vagts	TEMS	x
David Coulling	TEMS	
Mike McMahon	TEMS	x
Matt Owens	VBEMS	x

and

**Welcome
Introductions**

- Dr. Stewart Martin, called the meeting to order at 12:15.
- Approval of 3/8/2022 meeting minutes – 1st Dr. Knapp, 2nd Dr. Siegel. Motion Passed.

Old Business:

- Whole blood administration: Targeting a 60-90 day implementation, VBEMS and possibly Nightingale will test it out. TEWMS is procuring the whole blood (possibly out of Raleigh, has a 3 week life span; NMCP stated they would take any blood about to expire). This was later determined to not be possible. Expired blood will be discarded. There is another meeting on 6/30. Equipment and Training are the current hot topics. Starting with Trauma only, but hopefully will expand to medical and other agencies. The trauma criteria was approved by doctors. Equipment will be provided to supervisors as the launch and training is 6/29.
- Portsmouth Nitrous Oxide update: Amy gave report to Valerie to share key information. It's been used 63 times, only 4 under the age of 18: 14 medical, 49 traumatic incidents. 60% said they experienced a decrease in pain. The mouthpiece is a better delivery system than the face mask, Pt's must breathe from it continuously to get the benefit and must take slow, deep breaths. Paramedics are the only ones currently using it because A's stated they are afraid of getting in trouble. Reported no adverse reactions, no diversions and PFRES is planning updates and refreshers. Valerie following up with Amy to ask how they are monitoring the diversions piece. Also, Dr. Knapp put a thought out to the group about possible use with CHF as a vasodilator and will talk to Dr. Byars.
- iGels: The RSAF grant was reviewed 6/2-3 and results should be known by 7/1. If approved, we will go through the purchasing process.
- Ultrasound: The Kosmos ultrasound machines AI capability and 5-year, no cost option is the best product we would like to offer the regions to use (we got a quote for 2 probes). TEMS has a grant written to obtain \$100,000 in funding to provide 1 – 2 probe unit to each of the 10 jurisdictions (with the option for agencies to purchase additional at the negotiated price). TEMS will confer with Dr. Knapp and Dr. Byars prior to purchasing.
- CPAP: Currently our region uses 3 different types of CPAP machines: Pulmadyne, Rescuer II and Flowsafe II. Most use the Flowsafe II. Our goal is to identify a single device to restock at the hospitals. Chesapeake and Franklin will transition over to Flowsafe II if that is what is selected to be restocked. Navy is difficult due to wide footprint and Portsmouth said they would support the regional initiative but may not switch from the Pulmadyne.

New Business:

- CONGRATULATIONS!!!! To Dr. Joe Lang for becoming the Program Director role for the EMS fellow program. New EMS fellow is Dylan Woolum. Would like the fellow to experience different agencies on a monthly basis and send them to TEMS meetings and other high value

meetings. Would like them to get more heavily involved in training at the agency level too. Dr. Knapp suggested getting a Program Letter of Agreement from each of the agencies.

- Education and Training: Matt Owens
 - July 1st training was provided to the agencies on June 1 with an implementation date of 7/1.
 - Combative trauma patients with head injury. OMDs agree to include sedation options. Changes discussed will be presented at the next OMD meeting. Ketamine is allowed at higher doses under a different section by the state. Not permitted in TEMS thus far.
 - Brought up the option of increasing cardiac arrest working times. The AHA is suggesting an increase and Chesapeake has gotten more patients in ROSC by increasing their on-scene working times (a side effect is the families are more appreciative and sending thank you letters). Verbeek criteria for calling TOR on scene is there's no ROSC, no shockable rhythm, 3 rounds of CPR, and arrest was not witnessed. Dr. Knapp would like to bridge in ECMO and see if we are still doing the right thing. CARES data doesn't report the patients' outcome in relation to how long EMS spent on scene. Also, doctors are backing off on cardiac standstill a little from an ultrasound as the definitive decision to continue working the patient. Dr. Lang stated the fellow wouldn't be available until September. This may be a good topic for the EMS fellow to do a literature review on. In the meantime, the changes discussed will be presented at the next OMD meeting.
- OMD Committee Job Description: Only one change recommended, to make the nurse managers an optional invitation.
- Regional OMD contract renewal: voted to keep Dr. Martin as Chair and Dr. Michael as Vice-Chair. Dr. Siegel 1st and Dr. Knapp 2nd. None opposed.
- Approve B (drug/IV box policy), F (hospital restock) and G (hospital closure): No change in phone number for the closure information and the name of the company updated from MTI to Midwest Medical Transport. 1st Dr. Knapp, 2nd Dr. Roszko. None opposed.
- Scope of Practice – OEMS (red dots): The red dots indicate skills that OEMS deems higher acuity and requires documented training located in the providers' personnel file. These were changed to help identify critical care transports and allow agencies to bill at that level. The due date is July 1st, if you need an extension, you can submit a variance request. Let Dr. Martin know if you need help.
- Diversions: Provider asked to bring Trauma patient that had a car fall on him to Obici instead of Norfolk General. In the radio report, provider stated possible blown pupil and weird lung sound, so it was denied. Pt coming from NC. The provider has to be clear about the diversion reasons when asking for them. Dr. Michael will attempt to contact the NC OMD regarding these provider diversion issues.
- NMCP is still focusing on providing transport of military personnel to their facility

Meeting Schedule for 2022

- December 6th or 8th at PEMS – Contacting PEMS for clarity.

Meeting adjourned at 13:32

Announcements / Dates to Remember – please visit www.tidewaterems.org. Please contact Valerie Vagts at vagts@vaems.org with any changes to your contact information.

**The next meeting of the TEMS Operational Medical Directors Committee meeting is scheduled for
September 6th, 2022 at 12:00pm.
Location: TBD**