



Tidewater EMS Council, Inc.
Operational Medical Directors Committee
Minutes – September 5th, 2023 12:00pm

Attendance

Name	Agency/Representing	Attended
Stewart Martin, MD	VBEMS/ Chairperson	X
Stephen M. Skrip, MD	MMT /Airport	X
Jim Burhop, MD	CHKD	X
April Shackelford, MD	Franklin/ Southampton	
Allison Ashe	VB Lifesaving Service	
Barry Knapp, MD	Norfolk Fire-Rescue	X
Rene Moncion, DO	Reliance Medical Transport	
Carl Wentzel, MD	Suffolk Fire and Rescue	
Manuel Armada, MD	TCC	
Don Byars, MD	Portsmouth Fire and Rescue	X
Denise Harrison	Accomack	X
Zane Shuck, MD	TCC	
Michael Owens, MD	HRMMST	
Lauren Kalodner, MD	NMCP	X
Joe Lang, MD	Portsmouth Fire and Rescue	X
Joel Michael, MD	IOW, NSVRS	X
Lewis Siegel, MD	Chesapeake Fire	X
Lori Givonetti, MD	Nightingale	X
Paul Holata, MD	Norfolk Fire-Rescue EMT-I	
Hugh Hemsley, MD	Accomack Department of Public Safety	
Joseph Kotora, MD	NMCP	X
Nella Hendley	EMS Fellow	X
James Reynolds	CFD	X
David Long	TEMS	X
Valerie Vagts	TEMS	X
Matt Owens	VBEMS	X
David Keeler	TEMS	X

Welcome and Introductions:

- Dr. Stewart Martin, called the meeting to order at 12:08 at TEMS.
- Approval of 3/7/2023 meeting minutes – Dr. Siegel 1st, Dr. Byars 2nd. None opposed. Motion Passed.

Old Business:

- Whole blood update: Approaching 1-year anniversary. See flyer that was handed out in the email attachment. 41 administrations, most age 15-25, over 75% is male. Scene time is decreasing overall and is approximately 12 minutes on scene. Most patients have a penetrating trauma and 68% have been discharged from the hospital. TEMS can cover costs for 2 units of blood, VBEMS paid for an additional unit of blood to have available in their city. Chesapeake EMS currently carrying 1 unit. Other agencies are working to raise funding to have a unit added to their jurisdiction. Updating protocol to extend to pediatric ≥5 years old. Also, expanded whole blood to include medical etiology.
- ImageTrend is a pilot we are looking to begin for regional access to data that would include continuum and would be no cost to TEMS for the first 2 years. We are still looking at using NEMSIS data points and should not be impacted by the fact some agencies are not on ImageTrend.
- TXA & Calcium Gluconate: If given within 40 minutes, there's a 16% mortality rate, if not, it's 26%. Most programs give bundles to include 2 units of whole blood, 2 grams of TXA, 2 grams of calcium gluconate. New Orleans is most successful with 0 sentinel events. Kotora researched last year and made lots of traction to triple deuces bundle in the DOD. Provide any questions about moving towards the use of TXA and calcium gluconate to TEMS to compile for next meetings discussion.
- iGel Rollout: All 911 EMS agencies completed rollout. RSAF for the pediatric sizes was unfunded, working on another grant for funding. Working on restock list with the hospitals. Bon Secours are restocking before the list is updated.
- Ultrasound: Dr. Lang stated we had an initial meeting to look at protocols covering the chest and fast exam. Cardiac standstill could look at coming later in the process, but there is a lean that looking for femoral artery activity (indicated by SBP of at least 50). May tie it to the whole blood initiative. VB has 3 ultrasounds and 2 are given to the MD2 program which have been beneficial in the field. Chesapeake uses butterfly and have been using it for cardiac standstill currently.
- BiLevel CPAP: E&T has training for BiLevel and the protocols would need minor word change vs a whole protocol.
- AAJT's: Dr. Lang stated that these make sense for tactical groups but not necessarily on all ambulances due to low frequency in use, high cost and need for regular training. A request can be submitted to the OMD to send in to TEMS for protocol, if needed.

New Business:

- Pain Management: Ketamine is currently only for extremity injuries. Approve Ketamine for pain management in general instead of isolated extremity. This change that would be implemented during the July 1 rollout in 2024, Dr. Byars motion, Nella 2nd. None opposed. Motion passed.

- Education and Training: Presented by Matt Owens. Stroke protocol will incorporate both stroke screen and stroke severity. The RACE scoring will be optional to obtain as this will not impact destination decisions at this time. Education across the region for the RACE score will be put together by Education and Training Committee. Blood draws lead to door-to- intervention within 28 minutes versus no blood draw during EMS care at 58 minutes- more to come. Stroke Protocol and Whole Blood protocols were approved. Dr. Lang motion, Dr. Siegel 2nd. None opposed. Motion passed.
- TEMS Operational Medical Directors agreed to define pediatric as newborn to age 13. This coincides with the Handtevy ages. Dr. Siegel motion, Dr. Lang 2nd. None opposed. Motion passed
- David Keeler presented the new rhythm strips booklet for acceptance. These were reviewed and approved. Dr. Shackelford motion, Dr. Lang 2nd. None opposed. Motion passed
- Nitrous Oxide Update: Used on first 100 patients and the result includes that the max mix is 50/50 which is effective but still requires multi-modal pain management.
- Richmond State OMD Meeting: across the state there are drug and blood shortages, along with a shortage of personnel. Currently there is no way to test for blood exposures on deceased patients, but Dr. Lindbeck is working on it. AEMT's are now able to give magnesium and cyanokits. A paramedic practitioner position is being developed by some schools which would allow paramedics to practice independently.

Meeting Schedule for 2023

- December 5th with the OMD Update at 8 am, then the joint meeting with PEMS, followed by the individual TEMS OMD meeting

Meeting adjourned at 14:14

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
December 5th, 2023 at 12:00pm.
Location: TEMS Office, 1104 Madison Plaza, Chesapeake, VA 23320**