



**Regional Medical Direction Committee
September 4, 2018
Rappahannock EMS Council—Classroom A**

Members Present

Dr. Tania White, Chair
Dr. Ryan Fines

Staff Support

Wayne Perry, Executive Director

Excused

Guest

Lori Knowles

Call to Order

Meeting was called to order at 1705 by Dr. White, committee chair.

Approval of Minutes

May 23, 2018 meeting minutes approved as presented.

New Business

1) National Updates

- a. FICEMS/NEMSAC
 - i. EMS Agenda 2050 – should be published soon.
- b. DEA legislation regarding standing orders: no new updates.
- c. Opioid and overdose epidemic: NHTSA has released a webinar about overdoses from the patient’s perspective.

2) OEMS and Virginia Legislative Updates

- a. TSO Pre-Hospital Task Force
 - i. Statewide trauma plan – approved by EMS GAB. Still some structural changes to occur at EMS GAB to add an additional seat for Trauma. By the middle of September the taskforce will become a new standing committee. The Council has asked all regional committees to review the new plan and make adjustments to relevant processes as required.
- b. OMD expirations: additional training to be offered at Symposium for those OMDs in need of a second training session prior to their expiration.

	Date	Trng
i. Beaudette	01/31/2019	12/06/17
ii. White	04/30/2019	03/11/15
iii. Johnson	07/31/2019	04/12/18
iv. Rickabaugh	07/31/2019	04/04/17
v. Crovatin	09/30/2019	03/26/14
vi. Reese	12/31/2019	04/10/18
vii. Fines	10/31/2020	04/04/17
viii. Garth	05/31/2020	
ix. Hasan	02/28/2022	01/18/17
x. Hoff	04/30/2022	03/20/17

3) State Medical Direction Committee Updates

- a. Propofol – scope of practice change for intermediate level still pending.

4) REMS Updates

a. Integrated Healthcare Initiative

- i. Continue to provide transport and cultivate the community garden.
- ii. VDH: Project ECHO – presentation of complex addition and overdose cases.

- b. ITLS Scenario Development Workgroup – developing a new format that is meant to be more user-friendly; the convention will be at the same time as Symposium.

c. Partnering with UVA/TJEMS for project on stress in EMS

i. Stress First Aid

- 1. Fauquier County – one full presentation
- 2. City of Fredericksburg – two presentations
- 3. Colonial Beach – one executive presentation
- 4. Department of Social Services – one presentation

- d. Protocol Subcommittee: The subcommittee is to meet September 6; Wayne sought approval for changes from the OMDs to later be codified by the Protocol Subcommittee.

- i. AEMT scope of practice –When Enhanced providers were rolled over to AEMT, the Enhanced level was replaced by AEMT in the regional protocols. Enhanced providers did not have pediatric training while AEMT providers do. This caused the AEMT regional scope to be limited even though AEMTs do have pediatric training, either through their initial certification or through their continuing education. The Protocol Subcommittee suggests looking at state scope in order to adjust regional protocols accordingly.

- 1. OMDs okayed the addition of skills / items included in the state scope to the regional protocols. State scope allows AEMT to perform:

- a. Trach management
- b. SGA
- c. ventilator management
- d. ETCO2
- e. IV/IO/IN analgesia
- f. IO (adult and peds)
- g. IV (pediatric)
- h. IV pumps
- i. NG/OG (EMT and above)
- j. central line maintenance
- k. patient restraint (physical only)
- l. morgan lens

- 2. OMDs also approved additions to the Mass Gathering protocol, with some stipulations. These are to be drafted and brought back to the OMD committee prior to implementation.

- a. Tooth replacement
- b. Foreign body removal (extremity only) – as long as it specifies superficial subcutaneous foreign bodies
- c. Ice / Cold tubs for heat (for all levels)

- 3. Medication administration (routing) – AEMT currently not approved to administer meds via ET, IV (peds), start / administer continuous drip, rectal, transdermal. To add transdermal, rectal, IV (peds), and maintaining an IV drip.

- 4. ET suctioning to be added.

ii. AEMT formulary

- 1. NSAID, opioids/narcotics, otic and ocular anesthetic, anticonvulsants, glucose elevating agents, anticholinesterase antagonists, narcotic antagonists, cholinesterase reactivators, antihistamines, antibiotics, antiplatelets, hemostatic agents, vasodilatory, epinephrine for anaphylaxis, antiemetics, H2 blockers, anticholinergics, beta agonists
- 2. Fentanyl – yes.

3. Versed – yes, as an anticonvulsant.
 - iii. Medical – Allergic Reaction:
 - iv. Medical – Altered Mental Status
 - v. Medical – Chest Pain – Cardiac
 - vi. Medical – Nausea/Vomiting
 - vii. Medical – Overdose/Poisoning
 - viii. Medical – Respiratory Distress/Asthma
 - ix. General – Pain Control
 - x. Drug shortages
 1. Calcium chloride
 2. Ketamine
 3. Epi Pens
 4. Zofran (Western Virginia EMS Council)
 - xi. Blood products – NVEMS Council has initiated process where blood products can be transmitted to a scene for severe trauma involving entrapment. Dr. White authorized the Protocol subcommittee moving forward with research about developing a similar process in this area.
- 5) Guidelines and Training Committee update
- a. CEU and Auxiliary course funding – RFP meeting tomorrow, accepting bids now
- 6) Incident and Threat Mitigation Committee
- a. Provider health and safety
 - i. Exposure from DOA / blood testing – currently there is an issue with exposures to unidentified blood, especially with the lack of ability of hospitals and labs to run decedent blood.
 - ii. Stress First Aid
 - iii. Code Green
- 7) Heart and Stroke Committee update
- a. Spotsylvania County HeartSafe application
 - b. Virginia State Task Force Meeting – October 19, 2018 – UVA
 - c. NHTSA Webinar – EMS and 9-1-1, improving CPR 09/26/18 1300
- 8) Performance Improvement Committee
- a. Data Review – current QI reports are available to review
 - b. New data and reports through VPHIB – standing reports?

Old Business

1. Committee Charter: tabled for next meeting.

Adjournment

Meeting adjourned at 1815

Next Meeting

The date for the next meeting is TBD



**Regional Medical Direction Committee
December 11, 2018
Rappahannock EMS Council—Classroom A**

Members Present

Dr. Douglas Johnson
Dr. Tania White, Chair

Staff Support

Wayne Perry, Executive Director

Excused

Guest

Call to Order

Meeting was called to order at 1605 hours by Dr. White, committee chair.

Approval of Minutes

September 4, 2018 meeting minutes approved as presented.

New Business

1) National Updates

a. FICEMS/NEMSAC

i. Evidence-Based Practice and Quality Committee

1. Opioid use/misuse: NASEMSO is working with ACEP and NAEMSP to come up with prehospital guidelines for patient overdose including recommendations for patient care and provider safety; expect completion in March 2019
2. Field Triage Guidelines: examining the efficacy of field triage. Looking at the use of level of consciousness as well as respiratory and circulatory system signs as predictors for the need for a tertiary trauma center. They are also researching other signs of trauma absent of physiologic derangement. This report was anticipated September 2018 but has not yet been released.
3. PECARN & PEGASUS:
 - a. PECARN: 18 hospitals and emergency departments and 9 EMS agencies encompassing 65,000 pediatric calls per year; looking at the efficacy of EMS intervention on pediatric respiratory ailments and standardizing the pediatric dose of Versed for seizures.
 - b. PEGASUS: looking at evidence based guidelines for airway management, allergic reactions, spinal care, and shock and have issued guidelines for asthma, bronchiolitis, croup, seizures, and pain management. A link to journal article was distributed. The article emphasized the need to administer medication nasally with pediatric patients instead of starting an IV.
4. EMS quality performance measures have been put into the Version 2 NASEMSO model clinical EMS guidelines
5. Stop the Bleed / TCCC
 - a. Stop the Bleed: working on web-based education to improve lay-person application of tourniquets.
 - b. TCCC: rolling out a TCCC for medical personnel based on data from military combat zones and what has been working there; looking at changing advanced resuscitation

care to include resuscitation with whole blood and REBOA and to include updated tourniquet recommendations

6. Patient care systems: the CDC is supporting nine different state health departments in improving outcomes in stroke patient care by improving care across the continuum. There is a stroke taskforce and stroke QI program looking to see whether agencies are following evidence-based practice.

- ii. Data Standards and Exchange Committee: looking at all data that is currently being collected and how best to utilize it to improve patient care

1. NEMSIS TAC NHTSA ONC ISA

- a. NEMSIS version 3 has been implemented; 35 states and territories currently submitting data
- b. NHTSA ONC ISA – created a study on the applicability of data from NEMSIS in terms of research; two or three states have volunteered to participate and contribute their data. At the moment, data quality is thought to be poor and currently are working on a plan to improve the quality of data to be able to conduct legitimate research.

2. CMS – Medicaid and PDMP exchange: submitted a letter stating there would be a benefit for EMS agencies to have access to the prescription monitoring service for health information exchange.

3. Health care record exchange / bi-directional between hospital and EMS agencies: Utah has a health information exchange partnering with Gold Cross Ambulance and are submitting V3 compliant EPCR reports and have a bidirectional reporting process with area hospitals allowing agencies to learn about patient outcomes.

4. RFI – looking for recommendations geared towards how to do better research for EMS. Public comments open until December 17.

- iii. Safety and Education Workforce

1. 7 part video series communicating information regarding ambulance safety – working with standards groups regarding guidelines for maintaining safety in an ambulance crash
2. NIOSH and NHTSA An employer fact sheet is available regarding non-fatal workplace injuries.
3. Pilot testing is underway for the evidence-based guidelines regarding EMS fatigue and shift structures. The recommended shift length is no longer than 16 hours.
4. EMS Agenda 2050 still in development. Currently public comments are being accepted.
5. FICEMS has issued opioid and overdose epidemic data, including the administration of naloxone and patient encounters
6. Emergency preparedness planning: presentation from ASPR regarding enhancing medical surge capacity

- iv. DEA legislation regarding standing orders: no new updates.

2) OEMS and Virginia Legislative Updates

- a. Nasal Narcan Fall 2018 Grant Cycle – 112618-032919

- b. TSO Pre-Hospital Task Force: This has been formed into a standing committee. The State Trauma System Plan was approved by the Governor’s Advisory Board and established all of the existing task forces as standing committees.

- c. SB 663 – informed consent for air medical, effective 030119 (informed consent regarding cost for air medical transport from the hospital, not pre-hospital)

d. OMD expirations	Date	Trng
Beaudette	01/31/2019	12/06/17
White	04/30/2019	03/11/15
Johnson	07/31/2019	04/12/18
Rickabaugh	07/31/2019	04/04/17
Crovatin	09/30/2019	03/26/14
Reese	12/31/2019	04/10/18
Fines	10/31/2020	04/04/17
Garth	05/31/2020	

Hasan	02/28/2022	01/18/17
Hoff	04/30/2022	03/20/17

The Council plans to host training in February.

- 3) State Medical Direction Committee Updates
 - a. Propofol – scope of practice change – no updates.
- 4) REMS Updates
 - a. Integrated Healthcare Initiative
 - i. Continue to provide transport and cultivate the community garden.
 - ii. VDH: Project ECHO – presentation of complex addiction and overdose cases.
 - b. ITLS Scenario Development Workgroup – developing a new format that is meant to be more user-friendly; the convention will be at the same time as Symposium.
 - c. Protocol Subcommittee: The subcommittee is to meet September 6; Wayne sought approval for changes from the OMDs to later be codified by the Protocol Subcommittee.
 - i. Blood products – NVEMS Council’s process is very expensive and not feasible for use in our region.
 - ii. ACLS and PALS 2018 focused updates to AHA guidelines
 - iii. SRMC is primary stroke center designated as of 112718
 - iv. Stafford County questions:
 1. Cardiac Arrest: Amiodarone 2nd dose for pediatric – PENDING further discussion
 2. General: Pain Control - Toradol dose for pediatrics. The committee approved the addition of Toradol for pediatric patients older than 9 at a dose of 0.5 mg/kg, max single dose of 30mg. Contraindications of head bleed or surgical abdomen.
 3. Medical: Respiratory Distress – Mag Sulfate 50 instead of 45 mg/kg – APPROVED
 4. Code Grey policy – discussed, no need for updates
- 5) Guidelines and Training Committee update
 - a. EMS Council Students
 - i. Harold Myers update
 - ii. Gregory Heath
 - iii. CEU and Auxiliary course funding – RFP meeting 121918, accepting bids now
- 6) Pharmacy Committee update
 - a. Droperidol instead of Haldol to cover Ketamine shortage: droperidol is on shortage and not available from SRMC.
- 7) Incident and Threat Mitigation Committee
 - a. Provider health and safety
 - i. Exposure from DOA / blood testing - currently there is an issue with exposures to unidentified blood, especially with the lack of ability of hospitals and labs to run decedent blood. Current standard is to just prescribe antivirals. The state is trying to determine how to best navigate the complications presented by the lack of labs to run decedent blood within the three day period required for administration of antiviral drugs.
 - b. Mental Health Resources for EMS providers
 - i. Stress First Aid – the council continues to provide this training.
 1. Fauquier County – two full presentations
 2. City of Fredericksburg – two presentations
 3. Colonial Beach – one executive presentation
 4. Department of Social Services – one presentation
 - ii. Code Green Campaign is still being promoted by the Council, especially in light of the recent suicide in Richmond.
- 8) Heart and Stroke Committee update
 - a. Virginia State Task Force Meeting – 101918 – UVA
 - b. King William is working on a HeartSafe Community application
 - c. Get Ahead of Stroke vs Get with the Guidelines – Wayne is meeting with the Get Ahead of Stroke representative and has already met with Get with the Guidelines. He will be bringing information back to the committee in order to determine whether the Council will endorse one program or the other

9) Performance Improvement Committee

- a. Data Review – current QI reports are available to review

Old Business

1. Ancef memo from the pharmacists: Pharmacy Committee wrote a memo to the Medical Direction committee with feedback regarding the suggested addition of Ancef. After review of the memo, the committee agreed that addition of Ancef to the formulary would pose too many difficulties.

Adjournment

Meeting adjourned at 1710 hours.

Next Meeting

The date for the next meeting is TBD



**Regional Medical Direction Committee
February 4, 2019
Rappahannock EMS Council—Classroom B**

Members Present

Dr. Robert Fines
Dr. Tania White, Chair
Dr. Coleen Rickabaugh

Staff Support

Wayne Perry, Executive Director

Excused

Guest

Dr. Michel Aboutanos
Dr. Jim Frenchik
Dr. David Cash
Dr. David Steinnie
Dr. Harinder Dhindsa

Call to Order

Training session began at 1200.

Approval of Minutes

Tabled for next meeting.

New Business

This meeting was informational only; Regional Operational Medical Director Training offered.

Old Business

No old business.

Adjournment

Meeting adjourned at 1600 hours.

Next Meeting

The date for the next meeting is TBD.



Regional Medical Direction Committee
May 6, 2019
Rappahannock EMS Council—Classroom B

Members Present

Dr. Robert Fines

Staff Support

Wayne Perry, Executive Director

Excused

Guest

Call to Order

Meeting was scheduled to begin at 1430 hours – chair not here, confusion about the time for the meeting. She and Dr. Johnson arrived at 1630 hours.

Approval of Minutes

Tabled for next meeting.

New Business

This meeting was informational only; reviewed the last meeting minutes and the items on the agenda with Dr. Fines. He weighed in with his support and ideas and recommended that we follow-up with Dr. Johnson and Dr. White. I will try to meet with them separately.

Old Business

No old business.

Adjournment

Meeting adjourned at 1543 hours.

Next Meeting

The date for the next meeting is TBD.