

Northern Virginia Emergency Medical Services Council

Regional OMD Committee
Tuesday, May 7, 2019
9:00 am



City of Fairfax Fire Station 403
4081 University Drive
Fairfax, Virginia 22030

Those present were:
(* indicates by phone)

Dan Avstreich, Fairfax County Fire & Rescue avstreich@gmail.com
Craig DeAtley, Fairfax County Police Helicopter, flightpadeatley@gmail.com
Craig Evans, Northern Virginia EMS Council, craig@vaems.org
Daniel Gabbay, MD, Ft. Belvoir Community Hospital, dsgabbay@gmail.com
Kate Kramer, PA-C, Arlington County Fire Department kkramer@arlingtonva.us
Todd Lupton, City of Manassas Fire & Rescue tlupton@ci.manassas.va.us
John Morgan*, MD, Loudoun County Fire & Rescue, john.morgan@loudoun.gov
Anne Marsh, Arlington County Fire Department amarsh1@arlingtonva.us
Danielle Pesce, MD, Cities of Manassas & Manassas Park Fire & Rescue
littlepesce@hotmail.com
Laura Vandegrift, Northern Virginia EMS Council, laura@vaems.org
Caitlin Ward, PA-C, Arlington County Fire Department, ems.pa.fellow@gmail.com
Scott Weir, MD, Fairfax County Fire and Rescue Department, scott.weir@fairfaxcounty.gov
Cheri Zosh, Fairfax County Fire & Rescue, cheri.zosh@fairfaxcounty.gov

The quarterly Operational Medical Director's meeting was started at 9:03 am by Dr. Scott Weir

Approval of Minutes

The minutes from the last quarterly OMD meeting were sent out by email for review. The group unanimously approved the minutes as written.

DISCUSSION:

FACT*R Blood Program – Dr. John Morgan & Dr. Dan Avstreich

- Dr. Morgan updated the group and advised that the program is up and running in Fairfax and Loudoun Counties although there have been no uses of the program yet. The focus is now on opening it up regionally.
- Dr. Avstreich advised that Alexandria Fire Department has reached out to Fairfax County Fire & Rescue to prepare themselves for roll-out there. Two things to work on regionally is to work on the relationship between Inova Blood Services in general and the EMS agencies and Montgomery County Fire Department has contacted him to discuss implementing this across the Washington Metropolitan Region. Showing no favoritism to Inova Blood Donor Services, they do supply blood to the majority of Northern Virginia as well as Suburban Hospital in Maryland making this easier than bringing in from several different jurisdictions. A limiting factor has been in

- hospitals carrying liquid plasma because even Inova Loudoun Hospital stopped carrying it due to FACT*R, but Reston or other hospitals still carry it and this could limit the participation of other resources.
- Dr. Weir advised that currently Fairfax and Loudoun Counties are positioned to implement as is the City of Fairfax Fire Department
 - Arlington County Fire Department has done training with their cadre but they have not gotten with dispatch management to determine how to implement a call type in CAD, how to transport, logistics, etc.
 - Fairfax County Police Helicopter has done training as well and is happy to transport blood as needed for surrounding agencies
 - Craig Evans advised that there are financial and blood availability barriers
 - The StatPack bags that we have the supplies currently in are costly
 - There is an application period for the EMS Council's to apply for additional funding for special projects up to \$50,000 per year. The application period is July 1 through July 15, 2019. \$50,000 could purchase 5 more bags stocked with supplies and warmers which could stock 5 more hospital facilities or help distribute the kits more evenly around the region
 - HCA, Sentara, and VHC have been approached about coming on board with blood availability options and trauma centers are a great resources
 - Dr. Weir stated since we have a large workforce of relatively healthy people in our region when Inova Blood Services publicizes their blood drives, we champion and promote blood donation by all of our brothers and sisters since we have the ability to use it
 - Craig advised the Inova Blood Services Bloodmobile will be at the 2019 Northern Virginia Regional EMS Conference Wednesday, May 22 at the George Washington National Masonic Memorial.
 - Dr. Weir advised that OMD's should come together to look at cross-coverage when you are out of reach. Each agency will need to decide how they want to handle that internally.
 - Dr. Morgan advised that this is a good topic to discuss in general. For physicians like him who is a single OMD in his agency, he has another physician that covers for him when he's unreachable. Whether it be some sort of regional cross-coverage or each OMD find their own backups for their agencies, it's a good topic to discuss on how to collaborate and make it happen.
 - Dr. Avstreich stated that we also need to consider who we use as backup and whether they understand the on-scene aspects and EMS and not just the in-hospital side of things and what our responsibility is to the blood bank when we implement this response

- Todd Lupton from the City of Manassas Fire & Rescue asked whether this is a regional program with regional protocols, regional policies, and regional medical direction but this appears to be more of a local program for each agency to develop their own policies and procedures
 - Dr. Weir advised this is a regional program that makes blood available within constraints and parameters, those being you sign on to the program or elect not to, you implement the program locally or elect not to. There are thresholds and methods for activation that were written by the program leads. There is a strong encouragement to use those parameters and thresholds for mobilizing the blood and blood products. There is a recommended policy that an EMS physician is the check and balance for activation and access of that resource at the time of its need. The agency determines how they are going to get the box from the location to the scene. The agency is going to train its providers on how to give blood. This is a resource on a shelf made available to the agency and its providers at the point of need. If you sign on to the program, you develop your own methodology for delivering the resources, train your providers, and your OMD implements having an EMS physician as the check and balance at the point of activation for mobilization of that resource.
 - Dr. Avstreich added that due to the significant regulations and paperwork involving the use of blood, patient tracking, etc., this needs to, at least in the short term, be held as the responsibility of the OMDs and not just an ED physician who gives an okay to mobilize.

Drug shortages and alternative medications

- Dr. Weir advised that the ASHP.org tracks and reports drug shortages so everyone can go there to see the most current info.
 - There is an EpiPen shortage which is more of a formulation shortage than absolute shortage, in addition to the pricing issues with them.
 - Just as a note there has been an approval at the State level Scope of Practice that you can use visual indicator syringes to be drawn up at the EMT level for administration of intramuscular administration of epinephrine for anaphylaxis. You can use numerical marker syringes or colorimetric devices and teach your BLS providers how to draw it up for use.
- Anne Marsh advised there is a shortage of sodium bicarbonate and also the Cardizem advantage system
 - With Cardizem, the type they can get now has to be refrigerated or expires after 30 days so they have removed it from the suppression units and are only keeping it on medic units because it's more likely to be used in time than if it were on a suppression unit

Clinical Discussion (STEMI, Stroke, Peds, Trauma, etc.)

- Dr. Weir advised there hasn't been much change in the systems of care for STEMI. There has been an increase in the use of Impella but that primarily impacts our critical care inter-facility transport partners
- Virginia Hospital Center just completed their JCAHO inspection and are expected to pass, which will make them a certified stroke center
- Several hospital centers are pursuing trauma center certifications such as Virginia Hospital Center who is seeking Level II certification and Sentara seeking Level III certification
- Pediatric education is important this time of year with drownings and falls from height/windows
 - Dr. Avstreich advised that there is a pediatric cardiologist who is interested in whether anyone is downloading AED data to provide the code data to cardiology. The discussion determined that EMS doesn't have the capability at this time primarily because there are so many different models
 - Anne Marsh advised that they had a policy change in Arlington County Schools out of a pediatric cardiac arrest in a school that was initially thought to be the student having a seizure. Previously, the school staff did not take an AED to a "person down" in the school, but because of the aforementioned incident, they do now because they understand that while the incidence is rare, they can, in fact, have a pediatric cardiac arrest and the AED should be there. The policy now states that an AED is to be taken to any "person down" call by school staff in anticipation of EMS arrival.
 - Brian Hricik advised that a popular lecture topic currently is appropriate resuscitation on scene versus moving the child immediately to a transport unit and going to the hospital. Studies have shown the lack of effectiveness in CPR during transport, much like we are seeing with adults. The idea is with both pediatrics and adults to work them on-scene as much as possible to be the most effective in resuscitation
 - Craig DeAtley advised they recently received a call from another EMS agency asking what everyone is doing to decontaminate a vehicle after you transport a suspected or confirmed measles case.
 - Anne Marsh from Arlington advised they'd treat this like any other infection control decontamination with a 10% bleach solution and/or the Bioquel machine which is unfortunately cumbersome to operate
 - The consensus of the group was that it would be treated like any other suspected infectious control incident, however, should we be doing more?
 - Would the Health Department have other recommendations?

- The IAFF has a link on their website discussing Measles but it does not go in depth on decontamination procedures
 - <http://infodisease.iaff.org/Documents/MeaslesDispatch.pdf>
 - <http://infodisease.iaff.org/Diseases/measles.aspx>
- Dr. Weir said he believes Loudoun County is using an IsoPod but he is not confident and Dr. Morgan had to drop from the call
- Kathy West has some information on Measles and Craig DeAtley will try to get that and forward it on so we can disburse it to the group

Logistical Discussion

- Dr. Weir advised Fairfax County Fire & Rescue looked into the MedixSafe biometric safe to secure controlled substances. It is often used on HEMS units with limited personnel/access options but Fairfax County Fire & Rescue has run into an issue where MedixSafe has changed their IT platform and how they support it, making it no longer functional for their footprint. They are using non-approved software which caused it to fail and didn't pass Fairfax County's IT approval because it was essentially an open network like a Google platform. It turned out that MedixSafe contracts their IT portion for rollout, updates, etc., and that contracted subcontracted that portion out to a company that made several changes rendering it unusable for Fairfax County.
 - They are still considering other options for security of controlled substances to prevent or reduce incidents of misuse, mishandling, diversion, etc., and knowing who is entering the safe and when in case they ever have to answer questions to a regulatory agency
- Craig DeAtley asked if Fairfax County Fire & Rescue had made a determination on new cardiac monitor defibrillators.
 - Dr. Weir advised they are still working on that but have not yet made a decision. They have the option to stay with their current monitors until 2022. They have 2 brands they are still considering with FDA approval and two without. They are holding out to see if the two without approval will gain the approvals needed because they could provide the capabilities they are seeking and since they don't have to make a decision before 2020, they are willing to postpone their decision
- Kate Kramer from Arlington County advised that she's been working with Children's Hospital on getting charts from Virginia agencies. Children's Hospital has Hospital Hub for Maryland but not Virginia at this time. They are currently faxing requests and receiving their charts back by fax which is quite an antiquated method.
 - Craig Evans stated that they should be able to get it with a single user ID. He and Kate will work together to try to assist Children's with moving forward on getting the appropriate access through Brian Hodges at OEMS

Education Discussion/EMS Council Update

- Craig Evans advised the 2019 Northern Virginia Regional EMS Conference is Wednesday, May 22, 2019, at the George Washington National Masonic Memorial in Alexandria from 8 am – 5 pm.
 - There will be two Teleflex cadaver labs on-site. One for EZ-IO and one for airway
 - There is a morning and afternoon breakout session by Inova Perinatal Education called Everything OB that will focus on simple and complicated births.
 - The 2019 Regional EMS Awards Banquet will take place during lunch at the Conference
- George Washington University Hospital is having Trauma Grand Rounds coming up soon. There has been an invitation emailed out
- Children’s Hospital is having a pediatric trauma symposium in August. Kate Kramer will share the invite and the Council can add it to the calendar
- Craig Evans advised that the current CE/Auxiliary training MOU between OEMS and the Council is changing. Instead of providing training funds as they have the past two years, they are providing funding for the Council to hire one FTE who will be an educator for this region. He is leveraging to get two, but at this time the contract is only for one. This person will do training and education in the region as a Council employee, not OEMS employee. This is still in negotiations at this point.
- Todd Lupton advised there is an MCI re-write that is ongoing
 - Brian Hricik advised that one of the topics that came out of the start of this re-write meeting was “Go Teams”. Are there any? Are they trained? Do they have PPE? Do they know how to use PPE? Who do we call? If someone is trapped and a field amputation is necessary, who is appropriately trained and can be called in this situation?
 - Dr. Avstreich advised that there are definitely surgeons who would be the best option, however, they don’t have the experience in that environment. With EMS being a subspecialty now, those would be the best suited for that environment if they have the appropriate skills. He would recommend that it be someone who is EMS knowledgeable, at a minimum.
 - Dr. Weir advised that agencies should look at their available resources and footprints are and determine the best strategy to deliver on the operation need. It’s too difficult to say what each individual agency has available and whether they have a medical director who is savvy enough to step into that role and they can more readily match the clinical experience and need. All agencies should work out their plans in advance

State Medical Director Committee Update

- Dr. Weir advised he was unable to attend but Craig Evans advised that the only major change was the change to the Scope of Practice for EMTs to be able to administer pre-filled epinephrine as discussed earlier in today’s meeting.

Adjournment

The meeting was adjourned at 10:51 am.

CERTIFICATION OF THE REGIONAL OPERATIONAL MEDICAL DIRECTION COMMITTEE MEETING

Northern Virginia EMS Council
7250 Heritage Village Plaza, Suite 102
Gainesville, Virginia 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the meeting minutes of the Operational Medical Direction Committee held on May 7, 2019. The minutes were officially approved on

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Craig A. Evans

Date