



Northern Virginia EMS Council  
**Performance Improvement and Trauma Committee**  
Fairfax City Fire Station 440  
4621 Legato Road, Fairfax, VA 22030  
March 11, 2020 Meeting Minutes

Those present were:

Beth Adams, Fairfax County Fire & Rescue, [beth.adams@fairfaxcounty.gov](mailto:beth.adams@fairfaxcounty.gov)  
Stephanie Boese, Inova Loudoun Hospital, [stephanie.boese@inova.org](mailto:stephanie.boese@inova.org)  
Valentina Daly, Fairfax County Fire & Rescue, [valentina.daly@fairfaxcounty.gov](mailto:valentina.daly@fairfaxcounty.gov)  
Craig Evans, Northern Virginia EMS Council, [craig@vaems.org](mailto:craig@vaems.org)  
Mark Guditus, Inova Fairfax Hospital, [Mark.Guditus@inova.org](mailto:Mark.Guditus@inova.org)  
Karen Kovach, Fairfax County Fire & Rescue, [Karen.kovach@fairfaxcounty.gov](mailto:Karen.kovach@fairfaxcounty.gov)  
Michelle Ludeman, Northern Virginia EMS Council, [Michelle@vaems.org](mailto:Michelle@vaems.org)  
John Morgan, MD, Loudoun County Fire & Rescue OMD, [john.morgan@loudoun.gov](mailto:john.morgan@loudoun.gov)  
Melinda Myers, Inova Fairfax Hospital, [Melinda.myers@inova.org](mailto:Melinda.myers@inova.org)  
Brian Orndoff, City of Fairfax Fire Department, [brian.orndoff@fairfaxva.gov](mailto:brian.orndoff@fairfaxva.gov)  
Kate Passow, PTS, [kate.passow@amr.net](mailto:kate.passow@amr.net)  
Babak Sarani, MD, George Washington Hospital, [bsarani@mfa.gwu.edu](mailto:bsarani@mfa.gwu.edu)  
Neha Sullivan, MD, Prince William County Fire & Rescue OMD, [NSullivan@pwcgov.org](mailto:NSullivan@pwcgov.org)  
Laura Vandegrift, Northern Virginia EMS Council, [laura@vaems.org](mailto:laura@vaems.org)  
Chris Wanka, Metro Washington Airports Authority, [Christopher.wanka@mwa.com](mailto:Christopher.wanka@mwa.com)  
Scott Weir, MD, Fairfax County Fire & Rescue OMD, Committee Co-Chair,  
[scott.weir@fairfaxcountygov.org](mailto:scott.weir@fairfaxcountygov.org)

The PI and Trauma Committee meeting was called to order at 9:03 a.m. by Dr. Scott Weir and introductions were made around the room.

Meeting minutes from December 11, 2019, meeting were distributed via email prior to this meeting and unanimously approved with no changes.

***Trauma Topic – Entrapment – Motor Vehicles***

*Attendees from the hospitals and EMS agencies provided their data for this topic looking at data for CY2019*

Valentina Daly from Fairfax County Fire & Rescue reported the following:

- 23 events, 26 possible entrapments
  - 3 serious with extrications
    - Multi-vehicle accidents
  - 20 out of 26 have a primary impression of pain or trauma
    - 6 patient refusals
    - 18 patients transported
    - 2 unknown disposition

Brian Orndoff from City of Fairfax Fire Department advised they had none in CY2019

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Tracey Lane from Loudoun County advised they had no data but most dispatches for possible entrapments resulted in “Nothing found”.

Chris Wanka from MWAA reported the following

- 9 total
  - 1 at DCA, 8 at IAD or the Dulles Toll Road

Leddyann Dell from Alexandria Fire Department reported the following:

- 3 total in CY2019

Alex Strickland from Prince William County Fire & Rescue provided the following:

- Out of 238 dispatches, they had 181 transports
  - 10 were transported to trauma centers
  - 181 patients were transported where entrapment was mentioned but it’s unknown how many patients actually had extrications pulling a quick real-time report

Frances Hughes from HCA Reston Hospital Center provided the following data:

- 37 total patients
  - 6 discharged to home
  - 12 transferred to ICU
  - 16 transferred to another unit or step-down
  - 1 to the OR for ortho
  - 2 deceased/morgue
    - Expired in ED as a result of TBI or multi-trauma

Stephanie Boese from Inova Loudoun Hospital reported the following:

- 28 total patients
  - 14 patients with positive entrapment
  - Gender
    - Female 57%
    - Male 43%
  - Age range
    - 15-64 - 71%
  - Final disposition
    - 86% home
    - 14% to Fairfax Hospital

Dr. Babak Sarani from George Washington University Hospital advised “entrapment” is not a query-able term in their system. No data available.

Sentara Northern Virginia Medical Center provided their data via email

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- 22 patients total
  - 2 patients transferred to Inova Fairfax
  - 2 admitted to SNVMC
  - 18 discharged home

Craig Evans asked the group if field temperature was important data they need to report

- The hospital representatives advised there is a definite trend of not getting pre-hospital temperatures so it's hard to report that, as well as trending temperatures, so many are reported as N/A or not reported at all.
  - Temperature with potential hypothermia is important in trauma patients and accurate reporting

***Medical and Systems Topics - 2019 Novel Coronavirus (nCoV) COVID-19***

Brian Orndoff from City of Fairfax Fire Department gave an overview of a recent call that in turn became the first diagnosed COVID-19 case in the City of Fairfax

- Dispatched as a medical call
  - 80-year-old male with significant language barrier
  - The patient complaint was general weakness and cough
  - After approximately 10 minutes of discussing medical history (delayed due to language barrier), it was determined he had recently been on an Egyptian River Cruise
    - Although he did not travel during the same timeframe as others who had become ill, it was the same ship
  - Their officer was notified and the health department was notified of the call, initially, there were no concerns, but after further medical history, it was decided to test the patient for COVID-19.
    - It took approximately 50 hours to receive the results that he was positive
    - FD members on the call were advised symptoms can come anywhere from 2-14 days after exposure.
      - All staff on the call were sent home to self-quarantine.
        - 6 staff from this shift sent home
        - Several staff was concerned about potentially spreading this to family members at home. Health Department staff advised them on self-quarantining and isolating themselves. They advised staying in hotels was not a good idea at this point due to the unknown nature of the virus and how it's spreading.
  - It was also determined through further patient interview that he'd returned to the US via Dulles Airport but was not screened at that time because the CBP and CDC guidelines were for China and Iraq at that time.
    - 3 CBP officers were then instructed to self-quarantine
  - CFFD was later called to transport the initial patient's wife for similar symptoms but they were able to prepare for the call with appropriate PPE before coming into contact with her

Dr. Kari Scantlebury from Inova Health System advised that they have an initial plan for COVID-19 but it changes daily due to changes they are experiencing with the evolving nature of the virus.

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- They are “overshooting” PPE at this point
- All persons entering the waiting room receive a surgical mask
- All transfers in from nursing homes receive a surgical mask
- Any questionable CPR of increased age, staff wears gloves, goggles, N95 or PAPR’s
- They are setting up a joint command center at ICPH
  - This is where PPE use and distribution is determined
- They have several staff members from Inova hospitals who are quarantined for 14 days due to unknown exposures early on
- All respiratory complaints are being sent to one area in the ED – the pod
  - All providers in the pod wear full PPE
- All incoming EMS units are given masks in the vestibule and registration has them for the patients
- All trauma and resuscitation patients go to trauma bays currently, others may go to different areas to assist with the isolation of the patients with higher COVID potential.
- Policies and procedures at Inova Fairfax have changed rapidly in the last 4 days alone
- They have been informed that the Strategic National Stockpile has been activated for N95 masks at this time since this is the greatest need.
- Inova Health System as a whole is discussing a no visitor policy.
  - At Inova Fairfax, temporarily restricted access at the ED will take place soon
    - They will funnel everyone through one entryway, either the EMS entrance or public entrance but not both.
- Inova follows the VDH screening criteria
  - For ED patients
    - Chest x-ray, flu swab
      - If chest x-ray is positive and flu is negative, as previously discussed with the Infection Disease specialist at the Health Department, they will then screen if advised.
  - There are a limited number of tests with LabCorp and Quest
    - Private lab turnaround time is 3-4 days
    - Tests are clinician only obtained, so patients can’t go to an outpatient center for testing
  - Do not send patients directly to the ED for testing
  - Most urgent care centers won’t take suspected patients and most private MD offices won’t either.
    - They are directing them to the ED or calling for them in advance for testing only.
- The primary job at this point is mitigation and not containment as this respiratory virus does have an asymptomatic period
- Currently, they are putting those at high risk in a negative pressure room and medium or low risk get a mask, go to a regular room with the door closed and droplet precautions
- They are seeing an increase in patients requesting to be tested but most don’t meet the criteria
  - Jaime Wolfen advised Inova Alexandria Hospital tested 20 patients yesterday, although 70-80 had actually requested testing but most did not meet the criteria.

Frances Hughes from HCA Reston Hospital advised:

- All access is restricted at this time
- They have a PPE shortage like most so they are determining who gets it and who doesn’t.

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- Will likely funnel all patients through one entrance as well in the near future

Dr. Weir from Fairfax County Fire & Rescue advised:

- PSAP will phone screen incoming calls for chest pain, respiratory complaints, shortness of breath and sick unknown call types
  - Flexibility is needed as this is a fluid situation
- There are looking at their Continuity of Operations Plan for emergency operations
  - If they lose 20-30% of their staff tomorrow, how does it change patient care, responses, etc?
  - Currently, they are following CDC guidelines to document all respiratory calls with screening criteria
    - All providers should do an exposure report and detail their role on the call (driver, provider, etc)

Dr. John Morgan from Loudoun County advised of the following:

- Their PSAP has been screening calls since late January
  - The Health Department only lists 5 countries for screening and doesn't flag high-risk areas
  - They are leaving PPE decision making at the provider level right now
  - If PSAP determines there is a need for PPE due to the nature of the call, complaint, etc., they will add it to the CAD notes for the crew en route.
- Their Health Department is notifying any PUIs to advise PSAP if they call 911 but they are not notified in advance of any names, addresses, etc., of PUIs in the county.
- They are encouraging increased precautions with PPE use after evaluation of the patient
- Providers have been warned against nebulized or aerosolized bronchodilators and have been informed to do them preferably in the house, but not in the medic unit
  - Additionally, they're cautioned to be cautious with BIPAP

Jaime Wolfin from Inova Alexandria advised that they are implementing a policy that EMS is not to leave laundry in the common laundry as previously done. They should leave it in the room with the patient.

Chris Wanka from MWAA reported the following:

- If there is a positive pre-screen, MWAA will transport, but they do not have a dedicated facility for these patients
  - All providers are to do screenings on patients
- Any PUI is transported in a spare unit on the property.
  - The unit is then run through Bioquell once they return.
  - The crew must change clothes, shower, etc., and returns to duty in a clean unit.
    - Will go out of service if necessary while units are run through Bioquell
- Contingency plan at this time
  - DCA 3 personnel
  - IAD 5 personnel
  - No EMS

Leddyann Dell from Alexandria Fire Department provided the following information:

- They recently had a call and were informed en route that they should take PPE precautions
  - All providers were given N100 masks to wear

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- Only 1 provider went in and maintained a 6-foot distance from the patient
- The engine crew was told to remain outside.
- The patient as given a surgical mask
- The hospital was then pre-alerted to the patient's arrival
  - Unfortunately, with scanners and scanner apps, the media was also pre-alerted and was waiting at the hospital when they arrived
- Within 1 hour of the call, the Fire Department issued an IB on procedures for handling these types of patients
- They have suspended all ride-alongs at this time
- As an FYI – The State advised yesterday you can change hours on Course Approvals if needed for any classes affected by the current situation

Alex Strickland from Prince William County Fire department reported the following:

- Callers are pre-screened at the point of the incoming call
  - They are asked about travel at any geographic area identified with COVID
  - Pre-alerts are provided to the crew via CAD notes
  - As far as PPE
    - If they have positive risk factors
      - They are alerted to increase PPE
      - Safety Officer is notified and possibly dispatched to the scene
      - Battalion Chief is notified
- Dr. Sullivan has advised, per the infection disease exposure control review, they should always wear a mask and limit exposure when possible.
- Dr. Sullivan asked the group about the quarantining of asymptomatic providers due to issues with staffing and how they are handling that within their agencies. What is the difference between flu and COVID with quarantining the asymptomatic and why now?
  - They are adding this as part of their COOP and are speaking with the PW Health Department on guidelines
  - Dr. Morgan advised you have to look at the tradeoff on workforce versus risk to healthy providers
  - Dr. Weir advised you should quarantine like-exposed people/facilities just it was done during SARS
- Dr. Sullivan added that this is a good opportunity in the region to practice only allowing 1 provider within a 6-foot area of the patient, just as is supposed to be done during flu season per many agencies' protocols. We need to make handwashing and PPE a daily culture.

The question was posed whether any agency has its Occupational Health division doing testing right now?

- Inova staff go to the ED to test after positive exposure.
  - There is approximately a 24-hour turnaround vs. using LabCorp
  - They may contract with LabCorp in the future
- Alexandria Fire Department is not using OH at this point, possibly due to the capability of the staff

Dr. Weir entertained any other news or information to be shared

- Inova is putting an Alexandria Healthplex at Potomac Yards in the future
- Chris Cook from RHCC advised of the following:
  - Virginia Department of Health has requested a high-risk disbursement to RHCC

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- There are negative pressure rooms at both Inova Fairfax City and Reston free-standing EDs
- There are 2 negative pressure rooms at Spotsylvania Regional Hospital
- RHCC has a small cache of PPE available

As a reminder, the meetings for the committee will take place on the second Wednesday of the first month of each quarter as to not conflict with the Trauma Managers meetings and allow them to attend both. All meetings will be held at FS440, 4621 Legato Road, Fairfax, VA. The Regional Trauma/PI meetings are as follows for 2020:

- Wednesday, June 10, 2020
- Wednesday, September 9, 2020
- Wednesday, December 9, 2020

The meeting was adjourned at 12:02 pm.

CERTIFICATION OF PERFORMANCE IMPROVEMENT AND TRAUMA MEETING

Northern Virginia EMS Council  
7250 Heritage Village Plaza, Ste. 102  
Gainesville, VA 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 minutes of the Performance Improvement and Trauma Meeting of the Northern Virginia EMS Council on December 11, 2019. The minutes were officially approved on March 11, 2020, at the meeting of the Committee.

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Craig Evans  
Northern Virginia EMS Council

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Date