



Northern Virginia Emergency Medical Services Council

**Medical PI Committee Meeting
Wednesday, January 10, 2024**

**Via Zoom
9:00 am**

Those present were:

Name	User Email
Alfred Pacifico	alfred.pacifico@loudoun.gov
Ali Sepehri	ali.sepehri@fairfaxcounty.gov
Andrew Duke	andrew.duke@alexandriava.gov
Andrew Sanders	asanders@pwcgov.org
Brian Orndoff	brian.orndoff@fairfaxva.gov
Cindy Parise	cjparise@sentara.com
Craig French	craig.french@inova.org
Dr. Kelly Johnson-Arbor	kkja@me.com
Gary Hubble	gary.hubble@mwa.com
James Cooper	jamie.cooper@loudoun.gov
John Wanamaker	john.wanamaker@hcahealthcare.com
Justin Jenkins	jjenkins@manassasva.gov
Justin Nelson	jnelson@vhchealth.org
Kate Kramer	kkramer@arlingtonva.us
Kate Passow	kate.passow@gmr.net
Laura Vandegrift	laura@vaems.org
Leddyanne Dell	leddyanne.dell@alexandriava.gov
Michelle Ludeman	michelle@vaems.org
Ray Whatley	ray@vaems.org
Steve Kling	steven.kling@inova.org
Steven Nakao	sxnakao@sentara.com
Tom Arnoto	tarnoto@pwcgov.org
William Earley	wearle@arlingtonva.us

FACILITATORS

- Craig French, Inova Health System EMS Liaison
- Kate Kramer, PA-C, Arlington County Fire Department

CALL TO ORDER

The meeting was called to order by Steve Kling at 9:02 am.

APPROVAL OF MINUTES

- Approval of minutes from the October 11, 2023, meeting
 - Steve Kling made a motion to approve the minutes
 - Andrew Sanders seconded the motion
 - ***The motion was unanimously approved***

CARBON MONOXIDE EMERGENCY CASE PRESENTATIONS

- ***Loudoun County Combined Fire & Rescue System – Al Pacifico***

A copy of the presentation is at the end of the minutes.

- Discussion
 - The group discussed using RHCC for large-scale incidents and triaging these types of patients.
 - Are they considered greens or yellows because they're sick but can walk?
 - Are the availability numbers of the hospitals accurate?
 - Does RHCC determine, and how, what location the patients should be transported to?
 - Do they call the hospitals? Do they solely use the information each hospital is supposed to enter into RHCC daily?

- ***Prince William County Fire & Rescue – Andrew Sanders***

A copy of the presentation is at the end of the minutes.

- Discussion
 - Lessons learned
 - RHCC only updates twice per day
 - Aid bags on all units need to have Carbon Monoxide monitors so

SPEAKER – Dr. Kelly Johnson-Arbor, Medical Director of Hyperbaric Medicine in the Center for Wound Healing and Hyperbaric Medicine at MedStar Georgetown University Hospital

- There are more hyperbaric centers in our area than most people realize
- 99% of them are only open during regular business hours, as outpatient treatment centers
- You can self-pay for hyperbaric treatment, but insurance covers the treatment, and they have reasonable reimbursement
- There are only about fifty 24/7 centers in all of the US
- Maryland Shock Trauma is the closest to us, UPenn is the second closest to us, then NYC
- You can't have a hyperbaric treatment without a trained physician, so if a hospital turns away a patient, it's typically due to staffing.
- specific criteria may make a patient ineligible or could make the treatment more challenging
 - Certain chemo drugs
 - Cystic lung disease
 - Panicky or claustrophobic
 - History of seizures
 - Hemodynamically unstable
- Prehospital carboxyhemoglobins may not be accurate, so a venous must be done to confirm eligibility
 - They don't go by the number itself; some may have a 25% with no symptoms, but others have a 15% and are syncopal
- Other considerations of hospital
 - Need doctor
 - Need someone to go into the chamber with the patient
 - Inside observer/tender
 - They don't get oxygen and essentially go for a scuba drive. They can get decompression

sickness and can only go in a set amount of hours per day.

- They have to wait 12-16 hours to off-gas the nitrogen
- If they have a late call, they have one on-call tender, and they are done for the night because they don't have the staff unless they can put all patients in the chamber simultaneously.
- May be turned away for staffing
- As EMS, when you send a patient, tell them they are being sent for hyperbaric evaluation; don't promise treatment in case they don't qualify

Question =

- Kate Kramer asked if there are indications for direct transport/admission from the field?
 - There are none, they are being admitted for evaluation only
- With a situation like PWC had when they're told to take all 4 to Mt Vernon only for the hospital to say they can't, then what?
 - Just because they have the capability, they can't just put the patient in the chamber. Again, they are going for an evaluation
 - Even if you transport to Inova MVH, the MD may/may not have any experience with CO treatment. They mostly treat wounds, hearing loss, or radiation emergencies. Many hyperbaric physicians don't do CO at all. Many surgeons have no ED training and aren't familiar with CO treatment.
 - It's very complex to find the right place. The only multi-patient/"Multi-place facility" capability is Maryland Shock Trauma. GW can take 16 in a day, but again, during normal business hours.
- Kate asked if there are potential complications of air transport = no, the biggest complication is cost. Patients are not typically advised of cost, and most patients think "they need it," but they could be transported and not be treated in the chamber. No concerns about decompression sickness in typical helicopter medical transport.
 - Air embolus patients must go to Maryland shock trauma – multi-place chamber facility. Any critical care CO patient or air embolus cannot go in a mono-place chamber.
- Dr. Johnson-Arbor stated that studies on hyperbarics for carbon monoxide poisoning show you can have the patient in the chamber within 24 hours, not immediately like most people think. They don't treat numbers; they treat symptoms. By the time the patient gets through the ED process, typically their carboxyhemoglobin is typically zero or close to it. The goal is to improve long-term morbidity; about 40% can develop delayed neurocognitive issues.
- Kate asked if the agencies have protocols for treatment directly to the chamber or the closest appropriate facility?
 - Loudoun – OLMC or local facility
 - Other agencies were in agreement with Loudoun's process
 -

Dr. Johnson-Arbor added that if you are considering taking them to Maryland Shock Trauma Center, if you call ExpressCare, they'll get the physician on the line to advise whether they can take the patient.

DISCUSSION AROUND THE ARTICLES ON THE CARBON MONOXIDE INCIDENT AT THE NEW YORK HOCKEY RINK FROM THE EMAIL SENT

- Good PSA campaign for the winter months
- Most FDs offer CO monitors/alarms when offering smoke detectors
- They are seeing more in garages, thankfully
- Concerns about gas water heaters leaking gas

TOPICS FOR UPCOMING MEETINGS IN 2024

- Sharing information on people's response to behavioral emergencies with shared protocols to treat

UPCOMING MEETING DATES:

April 10, 2024

July 10, 2024

October 9, 2024

The meeting was adjourned at 10:23 am.

CERTIFICATION OF THE REGIONAL MEDICAL PI COMMITTEE MEETING

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

I, Laura Vandegrift, Administrative Coordinator of the Northern Virginia EMS Council, certify that the above minutes are a true and correct transcript of the meeting minutes of the Medical PI Committee held on January 10, 2024. The minutes were officially approved on April 10, 2023.

Laura Vandegrift

Laura Vandegrift

07/10/2024

Date