



Tidewater EMS Council, Inc.  
Operational Medical Directors Committee  
Minutes – September 9<sup>th</sup>, 2021 12:00pm

**Attendance**

Name	Agency/Representing	Attended
Stewart Martin, MD	VBEMS/ Chairperson	x
Stephen M. Skrip, MD	MTI /Airport	
Jim Burhop, MD	CHKD	x
April Shackleford, MD	Franklin/ Southampton	x
Richard Slama, DO	Navy Region Mid-Atlantic	
Barry Knapp, MD	Norfolk Fire-Rescue	
Rene Morcion, DO	Reliance Medical Transport	x
Carl Wentzel, MD	Suffolk Fire and Rescue	
Manuel Armada, MD	TCC	x
Don Byars, MD	Portsmouth Fire and Rescue	
Dave Cash, MD	FBI	
Paul Roszko	Navy	x
Zane Shuck	Franklin/Southampton County	x
Jamil Kahn, MD	CHKD	
Joe Lang, MD	Portsmouth Fire and Rescue	x
Joel Michael, MD	IOW, NSVRS	x
Lewis Siegel, MD	Chesapeake Fire	x
Lori Givonetti, MD	Nightingale	
Mike Bono, MD	Special Events	
Paul Holata, MD	Norfolk Fire-Rescue EMT-I	
Thomas Schwalenberg	Chesapeake Fire	
Meg Eason, MD	CHKD	
Hugh Hemsley, MD	Accomack Department of Public Safety	
Ray Willet	Suffolk Fire	
David Long	TEMS	x
Valerie Vagts	TEMS	
John Walker	Norfolk Fire-Rescue	
Matt Owens	VBEMS	x
James Reynolds	CFD	
David Coulling	TEMS	
Mike McMahon	TEMS	x

**Welcome and Introductions**

- Dr. Stewart Martin, called the meeting to order. Approval of 6/8/2021 meeting minutes – 1<sup>st</sup> Dr. Siegel, 2<sup>nd</sup> Dr. Lang

**Old Business:**

- Handtevy implications: as of now the state implementation of Handtevy is on hold due to state transitioning to ESO
  - State should resume with Handtevy once ESO has been rolled out across the state
  - Handtevy appears to be well received by most providers
- In-line anti-viral filters: MOC committee has reported that all agencies have these on their ambulances
  - These are not required by state regulations, but TEMS could bring this up at state and request that they be added to list of required equipment
  - If this is the case, will have to work with nurse managers to have anti-viral filters restocked at ERs
- Whole blood administration by EMS: currently done within some regions in the state; PEMS is investigating the set up and has secured their supply of blood.
  - Need to work with hospitals to get them on board
  - Need to find supply of blood
  - Potential hang-up for project: What do agencies do with blood that is about to expire?
  - Initial plan is to roll this out in VBEMS on EMS supervisor/MD cars then expand from there
- Portsmouth Nitrous Oxide study: process is starting in Portsmouth
  - Still in the initial stages as they are waiting for supplies
- iGels: CFD will be implementing iGels in October for resuscitation
  - TEMS would like to use RSAF grant to supply iGels to region and have hospitals restock after that
  - September 2022 would be the planned start date
  - Would like to discuss this topic further at the December OMD meeting
- Ultrasound: VBEMS has been using the SonoSite iViz on their EMS physician cars
  - Well received so far
  - SonoSite Px is suggested replacement for iViz (Dr. Shuck)

- Dr. Lang would like to get a group together for a demo from Clarius
- D50/D10 poll: most agencies showed a preference for D50
  - Further training for EMS providers on D10 should be sent out so they can see the reasoning behind bringing in D10
  - OMDs opted to keep D10 in boxes for region

**New Business:**

- Education and Training Committee would like to add ketamine to combative patient protocol, RSI protocol, and multisystem trauma protocol
  - OEMS limits max dose of ketamine to 0.5 mg/kg for all patients which would not be enough for combative/excited delirium
  - Will discuss with state if 0.5 mg/kg is typo or what the reasoning behind limit is
  - Committee would like to ask pharmacy to supply ketamine in 2x 50 mg prefilled syringes for ease of use and less waste
  - Education and training committee will need to remove note from pain mgmt. protocol that states that providers cannot give both ketamine and narcotics for pain mgmt. – allows providers to manage pain with both narcotics and ketamine together if they wish
  - OMD committee voted and approved following changes: allow for a second ketamine dose (25 mg) and allow for providers to administer ketamine and narcotics for pain mgmt.
  - No changes were made to regional RSI protocol
- CPAP, Cric, and Capnography: TEMS is going to work with regional EDs to have capno and CPAP restocked in ERs
  - Cric have 14 gauge cric but no support equipment in the box; therefore, OMD's endorse the use of some kind of surgical or commercial cric kit over the needle. Need to talk about types of cric kits at next meeting.
- Hospital closure/diversion policy: there has been a problem in the region with hospitals going on diversion too frequently using VHASS
  - EMS does not divert emergent patients
  - It has been found that this is a statewide issue
  - Currently TEMS is only region without a diversion policy

**Meeting Schedule for 2021**

- December 7 is joint OMD meeting held at TEMS (in-person with State OMD recertification presentation)

**Meeting adjourned at 14:00**

**Announcements / Dates to Remember** – please visit [www.tidewaterems.org](http://www.tidewaterems.org). Please contact Valerie Vagts at [vagts@vaems.org](mailto: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 7<sup>th</sup>, 2021 at 12:00pm.  
Location: hybrid = TEMS Office with Virtual alternative**