Pre-Hospital Work Group
OEMS, 1041 Technology Park Drive, Glen Allen, Virginia 23059
April 14, 2016
1000 - 1700

Members Present:	Members Absent:	Ad-Hoc Members Present:	OEMS Staff	Others Present:
Sherry Stanley, Co-Chair	Dr. Carol Bernier	Margaret Fields	David Edwards	
Dallas Taylor, Co-Chair	Ron Passmore	Susan Smith		
Sid Bingley	Dr. Jeffery Haynes	Wayne Perry		
Dr. T.J. Novosel	Dr. Tania White			
Brad Taylor	Dr. Theresa Guins			
Dr. Allen Yee	Dr. Marilyn McLeod			
Ron Passmore				
Dr. Jeffrey Haynes				
Dr. Raymond Makhoul				

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dallas Taylor at 0901. Dallas explained that this is an open and public meeting. He reviewed the state regulations regarding state public meetings with work group with the addition of new members. Ground rules were set with the over-arching rule that regardless of what facility/agency we are affiliated with, we are here to act in the best interest of the injured patients in the Commonwealth of Virginia. The group agreed. Group also discussed the regulations surrounding state public meetings, and the use of email and phone conference lines. State regulation document provided to the group.	
Welcome and Introductions:	Everyone went around the room and introduced themselves to the group including their background and facility affiliation.	
Safe Transportation of Children in Ambulances	Members present were provided with copies of the agenda and the ACS pre-hospital recommendations from the ACS Trauma System Consultation Report (pages 47 – 54). Members took time to read over the recommendations and then discussed how to best work on the recommendations. ACS made a recommendation to edit 12VACS-31-860. This document was viewed by the work group with the following edits being recommended. Insert the following language in the document: "9g. Pediatric	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	immobilization device (1)." and "9h. Pediatric restraint device (1). NHTSA document reviewed per ACS recommendation. Ron Passmore explained that the state needed to utilize the NHTSA recommendations for restraining pediatric patients in the back of the ambulance. Group discussed the need to edit Virginia Code: 12VAC5-31-710 to state, "All occupants in an ambulance need to be appropriately restrained." Allen Yee discussed that all agencies should purchase age / size specific restraint systems for each ambulance. Brad Taylor shared that many of the issues surrounding age appropriate immobilization and restraint devices is the room to stock, such devices on an ambulance. Group discussed the need for EMS agencies to pursue / utilize grant funding opportunities. This recommendation will be forwarded to the Administrative Work Group in terms of funding and grant writing opportunities.	
Minimal EMS Protocols	The group was provided a list of EMS protocols utilized by each EMS regional councils within the Commonwealth by Sherry Stanley. From that list the group decided to develop a list of minimal protocols that each EMS regional council should have in their plans. The minimal protocols discussed will encompass adult, pediatric, and geriatric criteria. The work group agreed that we needed to first identify what the minimum should be for the state and then the group can proceed to review the content of the protocols in question. The minimum EMS protocols identified are as follows: 1. Pain Control • Include pain scale • Pain management interventions 2. Head Injury • Management of hypoxia • Include GCS / Other Scales • Management of hypotension 3. Burn • Thermal burn • Chemical burn • Electrical burn • Fluid resuscitation 4. Extremity Trauma • Management of open / closed injuries • Management of crush injuries 5. Thoracic Trauma • Management of tension pneumothorax • Management of crush injuries 6. Abdomen / Pelvic Trauma • Management of stable / unstable pelvic fracture 7. Hemorrhage • Control of hemorrhage	Work group will continue to work on and discuss the content for each of the minimal EMS protocols identified.

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	• Fluid resuscitation 8. Traumatic Cardiac Arrest • Termination of resuscitation 9. Spinal Cord Injury • Immobilization / spinal motion restriction 10. Abuse • Child abuse • Elder abuse • Sexual assault • Reporting procedures per code of Virginia	
Critical Care Transport	Work group discussed that critical care transport needs to be defined within the state. Various regions within the state currently have critical care transportation vehicles, however the minimal requirements for providing critical care transport has not been established within the state. The work group suggested that OEMS provide a list of agencies that provide specialty transports for each region, in order for the work group to have a better understanding of transport services available in the region. Discussion from group also suggested that the state needed to change VA Code: (Provision of EMS) to read, "Each jurisdiction is tasked to ensure that ground transport for the critically ill and injured patient is available."	Dallas will follow up with OEMS to see if they have a list of EMS agencies that provide specialty transport services for each region.
Allocation for the State EMS Medical Director to be 1 FTE	Work group concluded that this recommendation needed to be sent to the Administrative Work Group as this involved financial support for this position.	
Public Comment	No comment	
Adjourn	The next meeting will be May 12, 2016 beginning at 1000 at OEMS building in Glen Allen Virginia. The goals of the next meeting will be a review CDC Guidelines for Field Triage of Injured Patients document. The meeting was adjourned at 1400, due to voting members having to leave and quorum was no longer established.	