Pre-Hospital Work Group
OEMS, 1041 Technology Park Drive, Glen Allen, Virginia 23059
May 12, 2016
1000 - 1700

Members Present:	Members Absent:	Ad-Hoc Members Present:	OEMS Staff	Others Present:
Sherry Stanley, Co-Chair	Dr. Jeffrey Haynes	Margaret Fields	David Edwards	
Dallas Taylor, Co-Chair	Dr. Chris Turnbull	Susan Smith	Cam Crittender	
Sid Bingley	Dr. Reed Smith	Wayne Perry		
Dr. Carol Bernier	Dr. Tania White	Scott Johnson		
Brad Taylor	Dr. Theresa Guins			
Dr. Allen Yee	Dr. Marilyn McLeod			
Ron Passmore	Dr. T.J. Novosel			
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 1005. Dallas explained that this is an open and public meeting. At this time the work group did not have a quorum to finalize any decisions made by the group. The members agreed to continue working on the agenda items until other members had arrived to the meeting. April 2016 minutes were reviewed, with noted edits to be made.	
Welcome and Introductions:	Everyone went around the room and introduced themselves to the group including their background and facility affiliation.	
CDC 2011 Guidelines for Field Triage of Injured Patients document.	Members were provided with the current document version of the Guidelines for Field Triage of Injured Patients utilized within the Commonwealth of Virginia Trauma Triage Plan, along with the 2011 Guidelines for Field Triage of Injured Patients. Committee members discussed recommended edits needed in the 2011 document to fit the state and regional trauma plans. The following recommendations have been made by the committee:	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Steps 1 and 2 Transition Statement *"Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to a Level I or II Trauma Center. For emergent stabilization the patient may be taken to a Level III Trauma Center or closest appropriate facility."* **Other Changes: Add the following language to the correlating steps in the document** **Step 1:** *Patient's age ≥ 65 with SBP ≤ 110 (May represent shock)* **Step 3:** *Patient's age ≥ 65 with one or more proximal long bone fractures from MVC (regardless of speed)* *Patient's age ≥ 65 with one or more proximal long bone fractures from elevated falls greater than 5 feet.* *Auto vs. Pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact. Age ≥ 65, regardless of speed.* **Step 4: Under the following headers, add these additional edits:** • Children ***(Age ≤ 14)*** • Anticoagulants and bleeding disorders - Patients with head injury ***with a GCS ≤ 14*** are at high risk for rapid deterioration.	
Minimal EMS Protocols	Dallas discussed with the group the minimal state EMS Protocols listed below. Discussion took place as to whether the work group needed to create a working document for each minimal EMS protocol. Members discussed that the minimal content should be decided at the regional level, as this may be different depending on regional resources. Each region should be required to have the following EMS protocols as a minimal requirement.	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
	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 • 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	
Mission Statement and Executive Summary Draft for Pre-hospital Work Group	At 1230 enough members are present to have a quorum for the prehospital work group. Work group was tasked with creating a mission statement and executive summary for the importance of EMS to the overall state trauma plan.	

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	Mission Statement To protect and improve the health and well-being of the citizens and visitors of the Commonwealth of Virginia who require Emergency Medical Services (EMS). This is accomplished through the administration of licensure requirements of EMS agencies, local medical oversight and the development of regulatory policies and procedures. This oversight promotes efficient program administration, education, safe care, treatment and transportation of the trauma patient. **Executive Summary** Virginia has a population of nearly eight million citizens residing within 136 cities and counties with a diversity of urban, suburban, rural, and super rural communities. The EMS system is comprised of 700 independent agencies, working in 11 regional councils with nearly 35,000 certified EMS providers and 200 Operational Medical Directors. Virginia is home to the first all-volunteer rescue squad (Roanoke Life Saving Crew, 1928) in the United States. The system consists of models including: volunteer, hybrid, career, fire based, hospital based, public utility, air medical, third party municipal agency, and commercial. Emergency Medical Services (EMS) has a strong historical presence with the diversity of paid and volunteer agencies within the Commonwealth of Virginia. The Virginia trauma system was created as an extension of the EMS system, and this historical structure has persisted over the years. EMS is the critical link between the injury-producing event and definitive care at a trauma center. It is a complex system that not only transports patients, but also includes prevention and public access, preparedness, communications, education, EMS research, data collection, and performance improvement activities.	
Approval of April Minutes	At 1:51 pm the April Minutes were approved with the suggested edits of correcting members absent column and changing the time meeting was called to order from 9:01 to 10:01.	
Public Comment	No comment	
Adjourn	Meeting adjourned at 1:54 pm. Nnext meeting will be July 14, 2016 beginning at 1000 at OEMS building in Glen Allen Virginia.	