Peninsulas Emergency Medical Services Council, Inc.
PO Box 1297, 6876 Main Street
Gloucester, VA 23061
Office (804) 693-6234 - Fax (804) 693-6277

PEMS Trauma Triage Committee Meeting Minutes

A Subcommittee of the Board of Directors

Meeting Date: 06-11-20 **Meeting Location:** ~~PEMS Classroom~~ Online **Chaired By:** L. Miller

Begin Time: 1:05 pm **End Time:** 2:36 p.m. **Minutes Submitted By: S. Craig** **Draft X Approved Date:**

Members Present:	Members Absent:	Staff:	Others:
Miller, Lou Ann (C) (TC)	Baylous, Denise	Craig, Seth (TC)	Davenport, John (TC)
	Beck, Craig		Edwards, Pat (TC)
	Belvin, David		Houde, Paul (TC)
	Davis, Linda		Smithers, Tabitha (TC)
	Doak, Melissa		
	Gulick, Amy		
	Haigh, Mary		
	Kink, Shannon		
	Lawson, Cheryl		
	McClain, Scott		
	McCoig, Janet		
	Mitchell, Kathleen		
	Neiman, Greg		
	Parker, Sara		
	Samuels, Gary		
	Shipman, Karen		
	Skinner, Tina		
	Smith, Thamera		
	Talbot-Baker, Tara		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting called to order at 1:05 p.m. by L. Miller.		

Item	Discussion	Action Required	By Whom/When
Introductions	All attendees introduced online as recorded above.		
Approval of Minutes	The approval of the Minutes from March 11th, 2020 were deferred to another time for approval because there was not a quorum present from the March meeting.		
Membership Changes	A quorum was not present to effect a change. Dr. Brown, John Davenport, and Tabitha Smithers will have to be differed to next meeting.	Vote next MTG as member.	TTC /09/10/20
Staff Report	Trauma Plan is Contract Deliverable. J. Bendit reported that the "Undertriage Rate" in PEMS has to do a lot with providers not inputting data correctly ("<" instead of ">") and baseline of some patients (GCS<15 in a patient from memory care unit). Still reviewing to see if there are some areas of improvement.		
Old Business	Stop the Bleed Initiative- Due to current COVID-19 pandemic, no stop the bleed courses have been taught recently.	Work on Regional STB Training	Trauma Committee
New Business	L. Miller reported to the Trauma Committee the comments made by Dr. Bown regarding the current Trauma Field Triage Protocol. Suggestions included: • Under special considerations, add severely injured pediatric patients should be transferred to the trauma center or pediatric trauma center • Under PEARLS, revised bullet 1 to say "Transport all patients with unmanageable/uncontrolled airway or uncontrolled hemorrhage to the closest hospital emergency department." • Under PEARLS, revised bullet 2 to say "If transporting a traumatic cardiac arrest, take the patient to the closest hospital emergency department." • Under PEARLS, revise bullet 3 to say "Consider transport to a pediatric center (CHKD or VCU Medical Center) for a critical pediatric patients or burn center (SNGH or VCU Medical Center) for patients with critical burns, and trauma center (RRMC) for patients with amputations. For the General-Trauma Protocol, the following changes were suggested: • Transport all patients with unmanageable/uncontrolled airway or uncontrolled hemorrhage to the closest hospital emergency department. • If transporting a traumatic cardiac arrest, take the patient to the closest hospital emergency department. • Suspected Hypovolemia: administer up to 1 L bolus in increments of 250- 500 ml of 0.9% Normal Saline with continued reassessment for further administrations. Judicious use of 0.9% Normal Saline should be to maintain permissive hypotension with goal SBP 80-90 with signs of improved endpoints ($EtCO_2$, mentation, VS). If larger amounts of 0.9% Normal Saline are needed, contact Medical Control. For the General-Hemorrhage Contro, the following changes were suggested: • Extremity: apply direct pressure, packe with roller gauze (use hemostatic dressing if available), and pressure dressing. • Add 3rd bullet- if tourniquet(s) are not controlling bleeding continuously maintain direct pressure to wound over packing and transport to closest hospital emergency department. • Change Junctional Injury from EMT to EMR • PEARLS- remove "hemostatic dressings are contraindicated for abdominal or thoracic injuries"	Review recommendations, update drafts of protocols and send to committee for review, then send to PPP	S. Craig/07-08/20

Item	Discussion	Action Required	By Whom/When
	• PEARLS- confirm that direct pressure must be done first prior to TQ on hemodialysis access sites. For the Injury-Burns, the Committee discussed the administration of fluids, and the possibility of the Parkland Formula. T. Smithers indicated that currently they administer 500cc/hr for burns >20%. She will consult coworker/literature and update Committee. For the Injury-Crush Syndrome, the following changes were recommended: • Initial 1 L bolus followed by a rate of 125 ml/hr • Remove the initial sodium bicarbonate bolus and leave it under medical control and/or administer in the presence of EKG changes. It was recommended that the Committee also review Diving Emergencies, Drowning/Near Drowning, and Electrical Injuries next time.		
Good of the Order	Next meeting date: **September 10th, 2020** Important Dates: -PEMS Regional Awards nominations are due June 22nd, 2020 -HRTS has been rescheduled for August 28th, 2020		
Adjournment	Motion to adjourn at 2:36 pm.		