STATE EMS ADVISORY BOARD

MEDICAL DIRECTION COMMITTEE MINUTES

July 9, 2026

I. Welcome

Dr. Lang called the meeting to order at 10:35 a.m.

II. Approval of Remote Participation

Motion: Approve Tania White, M.D., as a remote participant.
Moved by Dr. Yee; seconded by Dr. Lindbeck; approved without objection.

III. Introductions

Introductions were made.

IV. Approval of Agenda

The Chair approved the agenda without objection.

V. Approval of Minutes from April 2, 2026

Motion: Approve the minutes of the April 2, 2026, meeting.
Moved by Dr. Martin; seconded by Dr. Smith; approved.

VI. Special Reports

A. Quarterly Data Report

Daisy Banta presented the quarterly data report and discussed the following items:

- Whole blood: 810 patient care records from 2021 through 2026 were reviewed. Use increased markedly in recent years, and the data were analyzed by age, sex or gender, and race.
- Dr. Yee noted that whole-blood administration should be documented in both the procedure field and the medication field.
- The committee discussed IV versus IO access and the importance of flow rates.
- The discussion noted higher rates of need for prehospital blood in rural areas than in more urban areas.
- An intern presented information on how OEMS uses requested data.

B. Point-of-Care Laboratory Testing

Jim Bier, Mark Murphy, and Mark Jones of Abbott Laboratories presented information on the use of point-of-care laboratory testing in the prehospital environment. The presentation included a biomarker assay reported to have high sensitivity for excluding significant traumatic brain injury. Dr. Smith commented that he uses POC testing in his practice and it is particularly helpful for MIH and Fire Ground Rehabilitation.

VII. DEA and Board of Pharmacy Issues

Dr. Yee reviewed the successful transition to compliance with the new DEA regulations.

VIII. Old Business

A. Election

Current committee members remain the only voting members until proposed committee changes are approved by the EMS Advisory Board. A paper-ballot vote was conducted for the two at-large positions. Dr. Lang distributed the ballots, and Daniel Linkins collected and tabulated them. Following the vote, the committee recommended Drs. Smith and Weir for the two at-large positions.

IX. Workgroup Reports

A. Pediatric Pain Management

Dr. Gutermuth discussed an academic paper examining ways to improve pediatric prehospital analgesia. Medication errors are common in pediatric care. The paper addressed IV, IO, and IN routes and emphasized non-narcotic analgesic options.

Dr. Smith recommended removing the names of specific agencies and using less prescriptive language throughout the paper. Dr. Yee recommended softer language that more clearly distinguishes recommendations from standards. Dr. Weir echoed the comments of Drs. Smith and Yee.

Dr. Gutermuth to revise and represent to MDC

B. Mobile Integrated Healthcare Toolkit

Dr. Long reported that there were no updates at this time.

C. Air Medical Landing-Zone Safety

The project seeks to improve safety around the tail of the helicopter and the rotor blades.

D. Air Medical Incapacitated-Pilot Project

The project will be presented to the EMS Advisory Board for a final vote.

E. Air Medical EMS-HEMS Handoffs

The first draft will be presented at the fall MDC meeting.

F. REVLS Equipment List

Dr. Yee recommended no changes.

G. Prehospital Resuscitation Paper

The first draft will be presented at the fall MDC meeting.

H. Training and Certification Committee - Dr. Lane

Dr. Lane discussed the Education Coordinator Level 1 and Level 2 concepts. The Level 2 role would include expanded administrative responsibilities and greater involvement in initial certification courses.

X. New Business

A. VACEP Review and Comment on Field Emergency Custody Orders by EMS

VACEP asked about difficulties EMS agencies are experiencing when attempting to obtain emergency custody orders. Particular difficulty was reported in obtaining a physician petition to a magistrate.

Dr. Lindbeck stated that this has been a difficult issue at UVA and that UVA believes these matters should be handled through agency medical direction. Dr. Lang will work with OEMS to determine how a cooperative or parallel process might be structured to move the issue forward.

B. Education Coordinator Level 1 and Level 2 Roles

The Rules and Regulations Committee requested MDC endorsement of the proposed Education Coordinator Level 1 and Level 2 roles for incorporation into Chapter 32.

Motion: Recommend to the EMS Advisory Board that Education Coordinator Level 1 and Level 2 be incorporated into Chapter 32.
Moved by Dr. Lane; seconded by Dr. Gutermuth; passed without objection or abstention.
Disposition: Forward the recommendation to the EMS Advisory Board.

C. Chapter 32 Issues

Dr. Yee recommended a complete rewrite of Chapter 32. Dr. Lindbeck noted that the task is very large, that proposed changes have been difficult to track, and that the project appears to have moved off track.

Motion: Recommend that OEMS determine the feasibility of a complete review and overhaul of Chapter 32, rather than merely updating the existing Chapter 32 edits project, including consideration of emergency regulations to address current needs.
Moved by Dr. Yee; seconded by Dr. Weir; passed without objection or abstention.

Disposition: Recommend to the EMS Advisory Board that Chapter 32 be considered for a complete rewrite.

XI. Regional Protocols - Dr. Martin

Dr. Martin noted that, with the new drug-box programs, the continuing utility of regional protocol programs is in question. He asked whether every region of Virginia still needs a separate set of regional protocols.

Dr. Amir Luka reviewed the language in the OEMS contracts with the regional councils, which requires the councils to provide model protocols. Wayne Perry noted that regional protocols are not mandated. Dr. Brand stated that regional protocols probably remain helpful in more rural areas of the Commonwealth. Dr. Yee noted the availability of National Model EMS Clinical Guidelines through NASEMSO.

XII. OEMS Director Report

Dr. Beerman-Foat was absent. Wayne Perry responded to questions. The discussion included:

- The participation of medical students on ambulances.
- OEMS staffing shortages in the Education section.
- Chief Ferguson described difficulties in obtaining continuing-education approval. OEMS is working to improve service and simplify the submission process for continuing education.

XIII. State OMD Report

- The DEA conducted inspections of several agencies during the previous month.
- Approximately $60-$80 million in Rural Health Transformation Grant funding is expected to come through VDH, rather than being distributed by OEMS. Mobile integrated healthcare programs are emphasized, along with maternal-fetal health and workforce development.
- The committee discussed federally requested wartime preparedness planning.

XIV. Questions for OEMS Staff

None.

XV. Public Comment

None.

XVI. Future Meetings

The next meeting is scheduled for October 1, 2026. Dr. Lane stated that he was willing to travel to Richmond for two upcoming meetings: the Education Committee meeting and the MDC meeting.

XVII. Adjournment

Dr. Lang adjourned the meeting at 2:00 p.m.

APPENDIX A. Redacted Attendance Records

The original document contained three photographed attendance pages: a committee sign-in sheet, a general-public sign-in sheet, and an OEMS staff-support sign-in sheet. Those images included signatures, email addresses, and other handwritten contact details.

To protect personal information, the photographed pages are not reproduced in this public copy. The original, unredacted attendance records should be retained by OEMS in the official administrative file in accordance with applicable records-retention requirements.

Redaction scope

Removed from the public copy: signatures, email addresses, and handwritten contact information. The minutes themselves retain the names of individuals whose comments, motions, or reports are part of the meeting record.