

**Northwest Community EMS System  
Research and Development Committee FINAL Minutes  
Wednesday, March 4, 2026**

Topic	Discussion	Actions/Follow-Up
<b>Call to Order</b>	<p>The meeting is being held in a hybrid fashion, with an in-person option available at the 901 Building and an online option for those unable to attend in-person.</p> <p>Meeting called to order at 1032 hours by Scott.</p>	
<b>New Members &amp; Guests</b>	No new members present	
<b>Minutes &amp; Agenda</b>	Motion to approve November minutes & January agenda made by L. Henson, second by L. East. All in favor. Motion granted; minutes/agenda approved. No changes or additions to made.	
<p><b>Old Business</b></p> <p><b>a. Ultrasound (B. Bosco, PFD)</b></p> <p><b>b. Prehospital Blood Transfusion (M. Jordan, NCH)</b></p> <p><b>c. Spit Hoods (M. Jordan, NCH)</b></p> <p><b>d. Mercury Medical Neo-Tee Resuscitator (L. Henson, BGF)</b></p> <p><b>e. Elections (S. Renshaw, BGF)</b></p>	<p><b>a. Ultrasound:</b> Palatine has not increased ultrasound use for cardiac arrest nor started IV training based on ultrasound despite prior training over a year ago. No data reporting to IDPH occurs, risking compliance issues ahead of a <b>July site visit</b>. The group agreed to discuss benchmarks and compliance offline to assess viability of continuing or expanding ultrasound use in the field.</p> <p><b>b. Prehospital Blood Transfusion:</b> An initial meeting with the local <b>hospital blood bank</b> is scheduled to discuss loaner programs, custody, and billing processes. The pilot aims to involve <b>4 to 6 agencies</b> geographically near the hospital with high call volumes and centralized dispatch. Key concerns include managing blood unit expiration, billing across different hospitals, and meeting <b>AABB standards</b> for blood handling. Grant funding efforts include a <b>\$40,000 local grant</b> application for pilot setups and a pending <b>\$400,000 federal research grant</b> with long approval timelines.</p> <p>There is growing momentum for blood programs in neighboring states including <b>Wisconsin, Iowa, Missouri, and Indiana</b>, with support from <b>IDPH</b> for pilot programs. Consideration for organizing a <b>blood summit in Illinois</b> to unify agencies, share best practices, and build statewide support. Endorsements received from <b>MABAS Divisions 4 and 5</b>, with pending endorsement from Division 1, bolstering grant proposals and program legitimacy.</p> <p><b>c. Spit Hoods:</b> Spit hoods removed about <b>10–12 years ago</b> due to safety concerns but are now proposed as optional protective gear to reduce exposure to bodily fluids. Proposed procedural language will remove references to spit hoods as restraints to avoid confusion and will be added as an optional item on the drug and supply list. Cost per spit hood is approximately <b>\$2</b>, and hospitals are willing to supply them to agencies. The group approved the language amendment and will begin deploying spit hoods cautiously to avoid</p>	<p><b>a. Ultrasound:</b> Scott and Bill will follow up with Adam at PFD to complete official pilot paperwork</p> <p><b>b. Prehospital Blood Transfusion:</b> Scott &amp; NCH admin will continue to follow up with NCH blood bank on potential agreement. Scott will continue researching grant opportunities.</p> <p><b>c. Spit Hoods:</b> Motion made to approve the use of spit hoods as an optional piece of equipment and approve changes to the Restraints procedure made by E. Johnson. Second by L. Walker. All in favor, motion passed.</p> <p><b>d. Neo-Tee:</b> Lisa will work to schedule demo.</p> <p><b>e. Election:</b> No action needed at this time.</p>

	<p>overstocking.</p> <p><b>d. Mercury Medical Neo-Tee:</b> Unable to align a demo with the NICU educator previously; plans to coordinate for a demonstration on a <b>Tuesday shift</b> to educate EMS staff on this safer resuscitation device. The device is seen as beneficial but requires direct coordination to fit EMS operational needs.</p> <p><b>e. Elections:</b> No additional candidates were nominated for Chair or Secretary. Scott will continue in his role as Chair for 2 years, Secretary will remain vacant for the time being.</p>	
<p><b>New Business</b></p> <p><b>a. LifeFlow Device (A. Hansen, AHFD)</b></p> <p><b>b. Butterfly BVM (S. Renshaw, BGFD)</b></p> <p><b>c. ETQ Gen2 EDC Tourniquet (E. Johnson, SFD)</b></p>	<p><b>a. LifeFlow Device:</b> LifeFlow enables a full unit of blood to be infused in under <b>two minutes</b>, which is <b>three times faster</b> than pressure bags and faster than pumps. It uses a closed system with tubing effective for <b>24 hours</b> and blood tubing for <b>4 hours</b>, designed for single-patient use. The device supports both <b>24 gauge IVs for fluids</b> and <b>22 gauge for blood</b>, maintaining consistent pressure regardless of operator strength. Cost estimates range from <b>\$200 to \$300</b> per use, with potential hospital supply partnerships to mitigate agency expenses.</p> <p><b>b. Butterfly BVM:</b> The Butterfly BVM, FDA approved last year, offers one device size for all patient populations, adjustable tidal volume, and mechanical lock to prevent overventilation. Pricing ranges from <b>\$45</b> (basic BVM) to <b>\$57.70</b> (full kit with pop-off valve), currently more expensive than carrying multiple sizes but could reduce complexity and space needs. IDPH equipment requirements might prevent immediate replacement of existing BVMs, so the device will be considered optional pending further state approval. The group agreed to table the decision until feedback from IDPH on regulatory acceptance is received by the <b>May meeting</b>.</p> <p><b>c. ETQ Gen2 EDC Tourniquet:</b> Brought forward as an alternative to existing tourniquets on the D&amp;S list. The proposed <b>Gen 2 EDC tourniquet</b> costs about <b>\$31</b>, is more compact than current CAT tourniquets, and has FDA approval similar to existing devices. Concerns were raised about training needs for new tourniquet types and the absence of universal training for devices beyond the CAT model. Discussion included consideration of <b>SWAT-T tourniquets</b> (rubber band style), especially for pediatric use where traditional tourniquets do not fit. The group agreed to review samples and discuss tourniquet options further at the <b>May meeting</b>, weighing usability and training implications.</p>	<p><b>a. LifeFlow:</b> Product will be taken under advisement as NWCEMSS progresses through its PHBT pilot setup. No action needed at this time.</p> <p><b>b. Butterfly BVM:</b> Scott and Bill will reach out to IDPH (Danielle or Michelle) to clarify regulatory compliance and approval for Butterfly BVM device integration and inventory replacement. Tabled to May meeting.</p> <p><b>c. ETQ Tourniquet:</b> Eric will bring samples and additional info for May meeting. Tabled until May meeting.</p>
<p><b>Open Session</b></p>	<p>Reminder that there is an opening for the secretary position. If interested, please contact Scott.</p>	
<p><b>Adjournment</b></p>	<p>Motion to adjourn meeting made by T. Hayes, second by L. Walker. All in favor. Motion granted; meeting adjourned at 12:03</p> <p>Minutes respectfully submitted by: S. Renshaw</p>	