Northwest Community EMS System
Research and Development Committee Minutes
Wednesday, July 1, 2026

Topic	Discussion	Actions/Follow-Up
Call to Order	The meeting was held in a hybrid format with an in-person option at the 901 Building and an online option for remote attendees. Meeting called to order at 1032 hours by Scott.	
New Members & Guests	No new members or guests noted.	
Minutes & Agenda	Motion to approve the May meeting minutes and July agenda was made by R. Spejcher and seconded by T. King. No changes or additions were requested. All in favor; motion carried.	
Old Business **a. Ultrasound** **b. Prehospital Blood Transfusion** **c. SWAT-T Tourniquet**	**a. Ultrasound:** No dedicated departmental training time has been allocated. The ultrasound remains in service on Ambulance 84, but recent clinical use has been minimal. Adam reported only three ultrasound-guided IV starts prior to the official program extension. Limiting initial use to cardiac arrest cases reduced opportunities because those events are infrequent. Dedicated training time and periodic ultrasound-guided IV refreshers were recommended to improve adoption and skill retention. **b. Prehospital Blood Transfusion:** NCH/Endeavor blood bank coordination remains the primary barrier. The last substantive blood bank response was May 13, with cost, billing, and program coordination still under review. The proposal was reportedly received positively by the hospital medical executive committee, but no formal commitment has been received. **Grant Funding / Equipment:** An additional $40,000 Grainger grant was awarded, bringing confirmed PHBT grant funding to $65,000. This is sufficient for initial transfusion equipment for the planned pilot agencies and may support early program expenses. Additional grant applications remain outstanding. The committee supported acquiring demonstration equipment before bulk purchase. A demo Red Stat bag and LifeFlow device were reviewed using the DC Fire loadout as a reference. The committee favored a standardized blood kit across pilot agencies, with the cooler and QinFlow Warrior Lite warmer carried separately. Initial carriage is expected to be at least one blood unit per pilot agency, with the ability to expand to two depending on blood bank supply and agreements. **c. SWAT-T Tourniquet:** The procedure and skill sheet developed after the May meeting were reviewed. Members reported no needed amendments. The committee approved the SWAT-T Tourniquet as an optional equipment item. Motion was made by R. Spejcher and seconded by M. Sigler; no opposition was voiced and the motion passed.	**a. Ultrasound:** Continue pilot status. Dedicated training time and periodic IV refresher sessions remain the key next steps; monitor use when training becomes available. **b. PHBT:** Continue blood bank follow-up. Use grant funds to obtain selected demo equipment and validate fit/function before full procurement. Return the current Red Stat demo after the 30-day period and consider a new demo for September. **c. SWAT-T:** Approved as optional equipment; procedure/skill sheet accepted without changes.

Topic	Discussion	Actions/Follow-Up
New Business **a. CPAP/BiPAP Device Review** **b. Hippie Hold Pelvic Binder** **c. EMS Expo**	**a. CPAP/BiPAP Device Review:** The committee reviewed a disposable oxygen-powered CPAP device that adds a limited bilevel pressure-support mode. The device is not equivalent to a hospital BiPAP or transport ventilator, but may provide benefit for selected COPD, hypercapnic respiratory failure, mixed COPD/CHF, or CPAP-failure patients. The quoted cost is approximately $66 per unit compared with approximately $75 for the current CPAP. The primary disadvantage is the lack of an integrated nebulizer, which would require a separate inline nebulizer setup. Members also expressed concern that carrying two similar devices could create confusion and that the clinical benefit may be limited during relatively short transports. No final adoption decision was made. **b. Hippie Hold Pelvic Binder:** Repeated buckle failures were reported during Mount Prospect training, including four failures and one failure that caused a medic forehead laceration. The manufacturer acknowledged concern with the plastic buckle and indicated it was evaluating alternatives, but follow-up communication has been limited. The committee discussed patient safety, equipment reliability, and liability concerns. Options included placing the device on hold, removing it from the Drug & Supply List, or replacing it with another pelvic binder. Previously reviewed alternatives, including the T-POD/"teapot" style device and SAM-style binder, were considered less desirable because of complexity or narrow design. Members agreed to investigate additional alternatives; the SWAT-T was also mentioned as a possible option requiring further review. **c. EMS Expo:** One all-expenses-paid committee attendance opportunity is available for EMS Expo in Orlando, September 28 through October 2. The conference includes a large trade show and educational sessions, including content related to prehospital blood implementation. Interested members were asked to respond by July 31.	**a. CPAP/BiPAP:** Tabled until the September meeting. Obtain Dr. Jordan's input and, if available, review system data on CHF/COPD patient populations before making a recommendation. **b. Hippie Hold:** Advise agencies currently using the device to place use on hold pending resolution, and advise coordinators not to make new purchases. Continue manufacturer follow-up. Committee members will research alternative pelvic binders for future trial/review, targeted for September or November depending on availability. **c. EMS Expo:** Send committee-wide request for an attendee volunteer. Deadline: July 31.
Open Session	Reminder that the R&D Committee secretary position remains open. No additional formal business was raised.	Send follow-up meeting materials and reminder regarding the secretary opening.
Adjournment	A motion to adjourn was requested by R. Spejcher and seconded by T. Hayes. Meeting adjourned at 1125 hours. Minutes respectfully submitted by: S. Renshaw	