

*Do It
For Jaylon*



WHOLE BLOOD COALITION



*Leviticus 17:11;
For the life of the flesh is in the blood*



Battalion Chief
Terryson Jackson

August 2, 1973 – August 28, 2023

In Memoriam

Our Mission

“To develop and sustain an involved, highly-collaborative and productive stakeholder group who can promulgate and implement the on-going use of **whole blood** and other life-sparing blood products across the State of Florida in the prehospital, hospital and any immediate post-injury settings (or in other relevant emergency crises) using evidence-based guidelines and to actively contribute to a national data registry regarding 9-1-1 emergency blood product use.”

Did you Miss a Coalition Meeting?

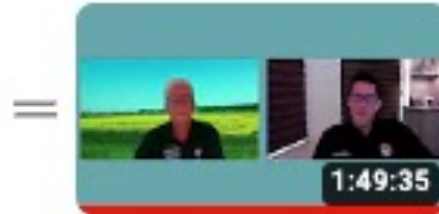


Florida Whole Blood Coalition

NAEMSP Florida Chapter

Public

Sort



Florida Whole Blood Coalition Inaugural Webinar (10/27/2022)

NAEMSP Florida Chapter • 126 views • 7 months ago



Florida Whole Blood Coalition: Protocol Development (3/31/23)

NAEMSP Florida Chapter • 262 views • 5 months ago



Florida Whole Blood Coalition: TXA & Calcium (7/12/23)

NAEMSP Florida Chapter • 327 views • 1 month ago

Agenda

Welcome & Introduction

Peter Antevy, MD

Creating Whole Blood Using Stem Cells

Ken Church, Ph.D - Sciperio (CEO)

Drone Delivery of Whole Blood to the Field

Gordon Clinton Folkes III - Archer FRS (CEO)

Around the Horn

States Update - Lt. Col. Randi Schaefer

- Data Update – Mark Piehl, MD, MPH
- National Update – Jon Krohmer, MD

Tulane Registry Update

Juan Duchesne, MD & Danielle Tatum, PhD

Closing Remarks & Next Steps



Sciperio



Using Stem Cells to Create Whole Blood

Kenneth Church, Ph.D.
CEO, Sciperio



Drone Delivery of Whole Blood to the Field

Gordon Clinton Folkes III
CEO, Archer FRS



Around the Horn

Whole Blood Happenings in the US

States Update:

Lt. Col. Randi Schaefer

Data Update:

Mark Piehl, MD

National Update:

Jon Krohmer, MD



State of the Union

Lt. Col. Randi Schaefer

State of the Union (Preliminary Data)

Prehospital blood allowed by HEMS in all 50 states

115 Ground Agencies

37% Fire-Based EMS

42% Third Service

21% Miscellaneous

Ground Blood/Blood Products Type

68% LTO+WB

9% LTO-WB

10% PRBC

8% Plasma

5% Unknown

All information obtained via personal correspondence, internet searches, social media

Send updates to: Randi Schaefer @ Randi.Schaefer@schaeferconsulting.net



A National Movement

Jon Krohmer, MD

Immediate Past Director of the Office of
EMS (NHTSA)



IAEMSC
International Association of Emergency Medical Services Chiefs

**IAEMSC
Policy Statement
Prehospital Administration of Blood and Blood Products
August 17, 2023
AMENDED August 21, 2023**

The International Association of EMS Chiefs (IAEMSC) endorses prehospital blood product transfusion by paramedics to treat acute hemorrhagic shock. Modern EMS was created in the 1960s to address deaths and disability from trauma. In a rapidly evolving and highly dynamic field such as EMS, it is critical to continuously explore new methods and adopt innovative practices to enhance the standard of care and improve patient outcomes. One such practice that has garnered attention in recent years is the use of blood and plasma for the resuscitation of major trauma patients in the out-of-hospital environments. Several research studies have highlighted the potential benefits of this approach, underscoring its potential to improve the survival rate and reduce the risk of in-hospital complications associated with major trauma. Prehospital paramedic blood transfusion programs are now critical to improving the immediate medical response to severe injury resulting in blood loss in America. The IAEMSC calls on EMS services; medical directors; EMS regulatory agencies; healthcare systems; trauma systems; blood-banks; and all Americans to support the rapid, reasonable, and regional implementation of prehospital paramedic blood product transfusion programs in the United States.

Gun violence and motor vehicle injuries remain the leading avoidable causes of death for Americans. According to the American College of Surgeons (ACS), trauma is the leading cause of death for individuals under the age of 45, and hemorrhage is a significant contributor to mortality in these cases. Pre-hospital resuscitation with blood or plasma holds the potential to change the calculus for resuscitation in the field by EMS, given the fact that the "golden period" is often a decisive factor in patient survival. When major trauma results in severe blood loss, using crystalloid fluids like saline for initial resuscitation may be doing more harm than good. When used to excess traditional crystalloid infusions contribute to exacerbating the trauma triad of death by blowing out clots, diluting clotting factors, and diluting the oxygen-carrying capacity of the blood. The rationale for using blood and plasma lies in their capacity to perform vital functions that crystalloids cannot: carrying oxygen, ensuring coagulation, and maintaining the osmotic balance.

Modern blood product transfusion has been the standard of care therapy for replacing acute blood loss resulting in clinically-significant hypoperfusion for almost 100 years.

The technological barriers to the widespread civilian implementation of prehospital blood product transfusion have been overcome, and the logistical barriers have also been removed in

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IAEMSC Policy Statement

Prehospital Administration of Blood and Blood Products (8/17/23)



Data Update

Mark Piehl, MD, MPH



Tulane Registry

Juan Duchesne, MD
Professor of Surgery
Chief, Trauma, Acute Care & Critical
Care Surgery

Danielle Tatum, Ph.D
Director of Research at Tulane
University



Need CME?



<https://mhs.cloud-cme.com/WebService/SelfAttendScan.aspx?EventID=17417>

Cloud CME# 17417

Need CEUs?



Via Prodigy EMS

Florida Whole Blood Coalition (Public Folder)



QUESTIONS



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For Jaylor*



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