



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**DRUG/DEVICE/PROTOCOL COMMITTEE**

**March 05, 2014 – 10:00 A.M.**

**MEMBERS PRESENT**

Jarrod Johnson, DO, Chairman, MFR  
Troy Tuke, EMT-P, Clark County Fire Department  
Derek Cox, EMT-P, LVF&R  
Frank Simone, EMT-P, NLVFD  
Clem Strumillo, EMT-P, Community Amb.

Bryan Bledsoe, DO, MedicWest Ambulance  
Eric Anderson, MD, MWA  
August Corrales, EMT-P  
Tressa Naik, M.D., Henderson Fire Dept.  
Paul Stepaniuk, EMT-P, Henderson Fire Dept (Alt)

**MEMBERS ABSENT**

Eric Dievendorf, EMT-P, AMR  
Rebecca Dennon, EMT-P, JTM  
Brandon Hunter, EMT-P, MWA  
Dorita Sondereker, Mercy Air

David Slattery, M.D., LVF&R  
Chief Scott Vivier, Henderson Fire Dept  
Rick Resnick, EMT-P, MFR

**SNHD STAFF PRESENT**

John Hammond, EMS Field Representative

Judy Tabat, Recording Secretary

**PUBLIC ATTENDANCE**

Steve Krebs, MD, UMC  
Jim McAllister, EMT-P, LVMS  
Gerry Julian, EMT-P, Mercy Air  
Keaton Courtley, LVAPEC  
Jordan Spears, LVAPEC  
Andy Totenniessen, LVAPEC  
Michael Lipetri, LVAPEC

Mike Barnum, MD, AMR  
Sarah McCrea, EMT-P, LVF&R  
Brandon Delaune, EMT-I, LVFR  
Joshua Rosenthal, LVAPEC  
Isiah Tureaud, LVAPEC  
Holden Myers, LVAPEC  
Damian Raney, EMT-P, NLVFD

**CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

The Drug/Device/Protocol Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, March 05, 2014. Chairman Jarrod Johnson, D.O. called the meeting to order at 10:08 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Johnson noted that a quorum was present.

**I. PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Chairman Johnson asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

## II. CONSENT AGENDA

Chairman Johnson stated the Consent Agenda consisted of matters to be considered by the Drug/Device/Protocol Committee that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Minutes Drug/Device/Protocol Committee Meeting, February 05, 2014

Chairman Johnson asked for a motion to approve the consent agenda which included the minutes of the February 05, 2014 Drug/Device/Protocol Committee meeting. Motion made by Member Corrales, seconded by Member Anderson and carried unanimously.

## III. REPORT/DISCUSSION/POSSIBLE ACTION

Dr. Johnson reported that a Drug/Device/Protocol (DDP) Workshop was held prior to this meeting to review the revised protocols that were brought back for further discussion and asked Dr. Bledsoe to review the discussion with the Committee.

### A. Review of Cardiac Arrest Protocols

- Cardiac Arrest Non Traumatic (Adult CCC CPR)
- Cardiac Arrest Non Traumatic (Pediatric)

Dr. Bledsoe informed the Committee that the DDP Workshop approved the Adult and Pediatric Cardiac Arrest Protocols as written.

### B. Review of Failed Airway Protocols

Dr. Bledsoe advised the Committee that the Failed Airway Protocol came from the development of the Ventilation Management Protocol and at the last DDP Workshop held in February, it was decided not to generate another protocol but to continue further down the algorithm of the Ventilation Management Protocol. The DDP Workshop reviewed the revised Ventilation Management Protocol and approved it as written.

Member Bledsoe made a motion to approve the following protocols as written:

Cardiac Arrest Non Traumatic (Adult CCC CPR)

Cardiac Arrest Non Traumatic (Pediatric)

Ventilation Management

Seconded by Member Simone and carried unanimously.

### C. Review of Spinal Immobilization Protocol

Dr. Bledsoe advised the Committee that the Spinal Immobilization Protocol will go back for further discussion.

### D. Review of Procedure Protocols

Frank Simone stated that he was tasked to take the current procedures and publish them into the approved new format. He advised that any suggested changes or added language will be noted in red and the ones that are completely red are new procedures to consider for new protocols. He then noted the recommended changes by the DDP Workshop:

Global Change – Indicate all levels appropriate for each procedure

- Continuous Positive Airway Press (CPAP) – no changes
- Electrical Therapy – no changes
- Endotracheal Intubation – no changes
- Hemorrhage Control Tourniquet
  - Add diagram showing appropriate placement of tourniquet
  - Add additional language to “Record the time of tourniquet application” that states “on the patient that is clearly visible”

- Medical Administration
  - Remove duplicate key procedural considerations
  - Add inline nebulizer
- Needle Cricothyroidotomy
  - Add “apply 3 way stopcock to a transtracheal drip if utilized” as part of the key procedural considerations
- Needle Thoracentesis
  - Replace “use at least a 14 gauge, 2.5 inch over-the needle catheter” to “use a site specific appropriate length needle to adequately decompress the chest”
  - Change “Secure catheter and attach flutter valve assembly” to “Secure catheter and consider attaching flutter valve assembly”
  - Add phone icon next to teddy bear
- Spinal Immobilization – tabled
- Supraglottic Airway Device
  - Change Supraglottic to Extraglottic
  - Remove Relative Contraindications section
  - Remove the words “Absolute Contraindications”
- Tracheostomy Tube Replacement – no changes
- Traction Splint – no changes

Mr. Simone stated that he has completed the IV/IO procedure which was not changed and can send it out for review.

*Member Bledsoe made the motion to accept the Procedure Protocols excluding the Spinal Immobilization with the stated changes and to include the IV/IO. Seconded by Member Simone and carried unanimously.*

Dr. Johnson stated that in conversations he had with Dr. Young there was some concern regarding the medical and legal ratifications with regard to changes to the Spinal Immobilization Protocol. Dr. Bledsoe felt that part of selling these new concepts for spinal immobilization is that they provide an education program for hospital, physicians and EMS providers and have it sponsored by the Health District. Dr. Johnson stated that should be brought forth at a future meeting.

#### **IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

None

#### **V. PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee’s jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairman Johnson asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

#### **VI. ADJOURNMENT**

There being no further business to come before the Committee, Chairman Johnson called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn the meeting at 10:19 a.m.