



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

October 07, 2015 – 10:00 A.M.

MEMBERS PRESENT

Bryan Bledsoe, DO, Chairman, MWA
Jarrod Johnson, DO, MFR
Tony Greenway, AMR
Brandon Hunter, MWA
Jim Kindel, Boulder City Fire Dept.
Troy Tuke, Clark County Fire Department
Frank Simone, NLVFD

Mike Barnum, MD, Vice Chairman, AMR
Tressa Naik, MD, Henderson Fire Dept
Chief Scott Vivier, Henderson Fire Dept
David Slattery, M.D., LVF&R
Derek Cox, LVF&R
Devon Eisma, Mercy Air
Ryan Bezemer, Community Ambulance

MEMBERS ABSENT

Eric Dievendorf, AMR
August Corrales, JTM

K. Alexander Malone, MD, NLVFD
Chief Rick Resnick, MFR

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Gerry Julian, EMS Field Representative

John Hammond, EMSTS Manager
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Stephen Johnson, MWA
Eric Anderson, MD, MW
Glenn Glaser, MW
Peter Fecteau, AMR
Sarah McCrea, LVF&R
Sam Scheller, GE
Catherine Jones, VHS
Kristine Browder, CSN / MW
Frank Bruno, CSN
Ryan Nimmo, CSN
Daniel Juarez, CSN

Jim McAllister, LVMS
Dale Carrison, DO, CCFD
Daniel Llamas, HCA
Syd Selitzky, Henderson Fire
M. Monica Manig, HFD
Steven Carter, AMR
Brandie Green, CSN
Nathaniel Boyer, CSN
Joshua Pulley, CSN
Levi Paragas, CSN

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, October 07, 2015. Chairman Bryan Bledsoe, D.O. called the meeting to order at 10:12 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Bledsoe 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 Bledsoe 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 Bledsoe 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, August 05, 2015

Chairman Bledsoe asked for a motion to approve the consent agenda which included the minutes of the August 05, 2015 Drug/Device/Protocol Committee meeting. Motion made by Member Naik, seconded by Member Simone and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Final Review of the Hostile Mass Casualty Incident (MCI) Protocol

Mr. Simone reported that the Education Committee made a few changes to the protocol with regard to the terminology in the pearls section and recommended that this Committee do a final review before referring the protocol to the Medical Advisory Board (MAB) for approval.

Dr. Carrison voiced his concern with the wording under the “No” branch of the Draft Hostile MCI protocol, in the 1st bullet point. He felt that the statement “If trained and properly equipped” was too vague and they need to define who is trained and properly equipped.

After considerable discussion, the Committee decided to change the language to read: “If trained and properly equipped as per the Southern Nevada Fire Operations (SNFO) 11 Policy”.

Chairman Bledsoe asked for a motion to approve the Draft Hostile Mass Casualty Incident Protocol with the discussed changes. Motion made by Member Tuke, seconded by Member Naik and carried unanimously.

B. Review of the Non-Emergency Field Assessment Form

Dr. Slattery advised the Committee that at the last DDP and MAB meetings, the Criteria for First Response Evaluate/Release for Low-Risk Alpha Calls Protocol was approved with the caveat that the field assessment form be created to be used for that process. He referred to the “First Response Low-Risk Alpha Evaluate and Release Form” in the Committee’s handouts and added that it is more detailed than their previous form with safety nets built in to make sure this will be a safe process. He reminded the Committee that this would be a situation in which the first responder would assess the patient who must have normal vital signs with no high risk features, have the ability to call 911 and agrees to allow the fire crew to be released from scene while the ambulance is in route.

Dr. Bledsoe commented that the acronym for MedicWest Ambulance was incorrect.

Dr. Carrison questioned why the cutoff is 65 for the patient in the inclusion criteria. He felt it should be based on the evaluation of the person instead of a number. Dr. Slattery explained that a group was brought together to discuss these criteria and the intention was to make this a conservative protocol. He added that this criterion was voted on and passed at the last MAB meeting.

Mr. Greenway stated that AMR has offered to do quality assurance (QA) on these cases at the last meeting and one issue he noted from a QA perspective, was there the time stamp on the form specifically on the vital signs.

Dr. Slattery responded that there is “Time of Patient Contact” on the front and asked if he needed something else.

Chief Vivier agreed that it would be helpful to add the time under vital signs. He questioned if the forms will be part of the medical records or just a QA tool.

Dr. Slattery replied by stating that he didn’t want to speak for all agencies, but their vision was a paper form in probably triplicate, one piece of that, the original is left with the patient for the responding crews that are in route. They are going to be including this as part of their chart from a paper based standpoint as well as the electronic patient care record (ePCR) that is going to be included by the crews on scene. He added that they will also include the normal documentation when they do that first response.

Mr. Tuke asked for clarification that this would be optional for providers. Dr. Slattery answered in the affirmative.

Dr. Bledsoe asked for a motion to accept the First Response Low-Risk Alpha Evaluate and Release Form with the changes discussed. Motion made by Member Slattery, seconded by Dr. Carrison and carried unanimously.

Mr. Fectau questioned if they could make this form one page. Dr. Slattery replied that there is a lot on the form but the idea is to make sure that we don’t set our providers up for failure by having them memorize the criteria. Chief Vivier stated that he prefers that it is on one page if we are going to do triplicates or doubles. Mr. Hammond stated without changing the content he will try to fit it on one page.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Dr. Bledsoe advised the Committee that he is taking off for 2 weeks to revise their paramedic text book primarily because of the new ACLS standards that come out next Thursday. He added that since he will be working through that document, he will develop a matrix to bring back to this Committee summarizing the changes and the levels of evidence to discuss at the next meeting in December.

Mr. Cox questioned if there are substantive changes to ACLS, PALS or even BLS how the Health District will handle that. Mr. Hammond stated he would defer that decision to the MAB.

Dr. Bledsoe informed the Committee that they are getting information regarding an impending Morphine shortage and advised the agencies to stock up on Dilaudid and Fentanyl.

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 Bledsoe 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 Bledsoe called for a motion to adjourn; Motion made by Member Tuke, seconded by Member Naik and carried unanimously to adjourn the meeting at 10:35 a.m.