



## **MINUTES**

### **EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

#### **DIVISION OF COMMUNITY HEALTH**

#### **DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE**

**August 4, 2021 – 10:00 A.M.**

#### **MEMBERS PRESENT**

Jessica Leduc, DO, HFD, Chair  
Chief Jennifer Wyatt, CCFD  
Chief Kim Moore, HFD  
Chief Shawn Tobler, MFR  
Bryce Wilcox, CA (Alt)  
Aaron Goldstein, MWA (Alt)  
Steven Carter, AMR (Alt)

Michael Holtz, MD, CCFD  
Mike Barnum, MD, AMR  
David Slattery, MD, LVFR (Alt)  
Matthew Horbal, MD, MCFD  
Shannon Ruiz, PharmD  
Frank Simone, NLVFD

#### **MEMBERS ABSENT**

Troy Biro, AirMed Response  
Nigel Walton, BCFD  
Jim McAllister, LVMS  
Alicia Farrow, Mercy Air

Chief Stephen Neel, MVFD  
Sam Scheller, GEMS  
Nate Jensen, DO, MFR  
Devon Eisma, RN, Optimum Medical

#### **SNHD STAFF PRESENT**

John Hammond, EMSTS Manager  
Christian Young, MD, EMSTS Med. Director  
Scott Wagner, EMSTS Field Rep.  
Rae Pettie, Recording Secretary

Laura Palmer, EMSTS Supervisor  
Candace Toyama, EMSTS Field Rep.  
Michelle Stanton, Senior Admin. Asst.

#### **PUBLIC ATTENDANCE**

Jeff Davidson, MD  
Kat Fivelstad, MD  
Chris Racine  
Tony Greenway  
Sandra Horning, MD  
Eric Dievendorf

Paul Stepaniuk  
Shane Splinter  
Braiden Green  
Steven Carter  
Ryan Fraser  
Danny Perez

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

The Drug/Device/Protocol Committee (DDP) convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, August 4, 2021. Dr. Christian Young called the meeting to order at 10:05 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Dr. Leduc noted that a quorum was present.

#### **I. FIRST PUBLIC COMMENT**

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the

Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Leduc asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, she closed the Public Comment portion of the meeting.

## **II. CONSENT AGENDA**

Dr. Leduc stated the Consent Agenda consists of matters to be considered by the DDP 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.

### **Approve Minutes for the Drug/Device/Protocol Committee Meeting: June 23, 2021**

Dr. Young asked for a motion to approve the June 23, 2021 minutes of the DDP meeting. *A motion was made by Chief Moore, seconded by Dr. Horbal, and carried unanimously to approve the minutes as written.*

## **III. REPORT/DISCUSSION/POSSIBLE ACTION**

### **A. Discussion of Target Temperature Management & Post Resuscitation Protocol**

Shane Splinter reported there have been instances where the crews initiate post-resuscitation and chilled saline in the field, but the process is discontinued upon arrival at the receiving facility. Chief Tobler stated that Mesquite Fire & Rescue is facing the same issues with Mesa View Hospital. Mr. Splinter asked for guidance as to whether there is a continued need for EMS response vehicles to carry chilled saline as opposed to administering ice packs to the groin and axillary areas prior to transport. Dr. Barnum stated there has been a lot of discussion about Target Temperature Management (TTM) that includes differing schools of thought. Dr. Slattery stated TTM requires attention to the patient. The TTM2 study states that the bundle of care is paramount and includes delayed neurological prognostication and consistency of care in the post-resuscitation period.

A suggestion was made to allow EMS agencies to carry chilled saline as an optional inventory item. Mr. Hammond responded that it would be detrimental to provide different levels of care for the community; it's a recipe for poor patient care from one agency vs. excellent patient care from another agency. He would rather they determine what works best for our EMS System and adhere to that decision uniformly. Mr. Splinter asked how the EMS providers should address the issue with the hypothermia centers whose care does not align with the prehospital Target Temperature Management and Post-Resuscitation Care protocol. Dr. Leduc asked whether the issue should be addressed in the ED/EMS Leadership Committee since they have more involvement with hospital administration personnel. Dr. Davidson suggested they also elicit the assistance of one or more critical care representatives from any of the receiving facilities. Mr. Hammond noted that the receiving facilities were contacted prior to implementation of the protocol and asked to provide data on patient outcomes before the OEMSTS could designate them as a hypothermia center. It was mentioned that Mesa View Hospital in Mesquite and Western Arizona Regional Medical Center in Laughlin do not support cooling measures.

*A motion was made by Dr. Slattery to form a workgroup that includes critical care specialists to further discuss post-resuscitation care. The motion was seconded by Dr. Davidson and carried unanimously by the Committee.*

### **B. Discussion of a Change to the Scope of Practice for BLS Providers to Include Monitoring Already Established Saline Locks During Interfacility Transports**

A PowerPoint presentation was given by Dr. Barnum to petition to change the scope of practice to allow EMTs to monitor IV saline or Hep-Locks that were previously established. He noted that allowing BLS units to be utilized for interfacility transports to take a patient that has a pre-established IV saline lock allows greater flexibility for everyone in the EMS system. Dr. Barnum reported that the Education Committee was tasked with creating an educational outline to be implemented for all initial training courses in Clark County.

*A motion was made by Chief Moore to approve the change to the scope of practice for BLS providers to include monitoring already established saline locks during interfacility transports. The motion was seconded by Chief Tobler and carried unanimously by the Committee.*

**IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

Dr. Davidson stated that EMS providers and the EDs can now use clinical judgment on giving massive boluses for sepsis. He noted that it is helpful because renal patients and patients with CHF are exceptions to large boluses.

Dr. Barnum introduced Aaron Goldstein as the new clinical manager for both AMR and MW.

**V. SECOND PUBLIC COMMENT**

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Leduc asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, she closed the Public Comment portion of the meeting.

**VI. ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 10:47 a.m.