MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

December 1, 2021 – 10:00 A.M.

MEMBERS PRESENT

Jessica Leduc, DO, HFD, Chair
Chief Jennifer Wyatt, CCFD
Chief Kim Moore, HFD
Chief Shawn Tobler, MFR
Sam Scheller, GEMS
Aaron Goldstein, MWA (Alt)
Nate Jenson, DO, MFR
Jim McAllister, LVMS
Gerry Julian, CA
Jeff Davidson, MD, MWA
Michael Holtz, MD, CCFD
Mike Barnum, MD, AMR
David Slattery, MD, LVFR (Alt)
Matthew Horbal, MD, MCFD
Chief Stephen Neel, MVFD
Frank Simone, NLVFD
Kelly Morgan, MD, NLVFD
Nigel Walton, BCFD
Glenn Glaser, MWA

MEMBERS ABSENT

Troy Biro, AirMed Response
Alicia Farrow, Mercy Air
Devon Eisma, RN, Optimum Medical

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Med. Director
Laura Palmer, EMSTS Supervisor
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Kat Fivelstad, MD
Tony Greenway
Braiden Green
Todd Ford
Fernando Juarez
Nathan Root
Brett Olbur
James Adams
Danny Perez
Sandra Horning, MD

***There was a failure of recording devices for the Drug, Device, and Protocol Meeting held on December 1, 2021, and no audio recordings of this meeting exist. Per NRS 241.035, Section 8, these are annotated minutes based on notes of meeting proceedings.

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, December1, 2021. Dr. Jessica Leduc called the meeting to order at 10:12 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.

1. Approve Minutes for the Drug/Device/Protocol Committee Meeting: October 6, 2021

   A motion was made by Ms. Moore, seconded by Mr. Simone, and carried unanimously to approve the Consent Agenda as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Election of Chair and Co-Chair

Laura Palmer reported that OEMSTS had only received one nomination for either position, and that was a nomination for Co-Chair for Dr. Holtz. Dr. Holtz stated that he would be willing to accept the position of Chair if that was the will of the group. For the position of Co-Chair, Dr. Davidson volunteered Dr. Kelly Morgan for nomination, who agreed to accept the position.

A motion for Dr. Holtz for the position of Chair was made by Dr. Holtz and seconded by Dr. Davidson. The vote passed unanimously. A motion for Dr. Kelly Morgan for the position of Co-Chair was made by Dr. Davidson and seconded by Dr. Barnum. The vote passed unanimously.

B. Discussion of Changing the Scope of Practice to Allow EMTs to Monitor Already-Established IVs

Aaron Goldstein presented the draft of educational guidelines to allow EMTs to monitor IV access that had been placed by facilities on interfacility transfers. Dr. Davidson asked for clarification that this includes PICC lines, and this was confirmed by Mr. Goldstein. He also clarified that this is for interfacility transports only. John Hammond stated that this would affect the Scope of Practice in the protocol manual and perhaps the interfacility protocol, as well, but no other protocols would be affected by this change.

A motion was made to allow EMTS to monitor already placed IV access without fluids attached for interfacility transports by Dr. Barnum and seconded by Dr. Slattery. The vote carried unanimously.

C. Discussion of Cardiac Arrest Pearls in Adult and Pediatric Cardiac Arrest Protocols

Tabled

D. Discussion of the Use of Amiodarone in Irregular Tachycardias

Dr. Young stated that previously there had been no medication available for providers for patients who experienced stable irregular tachycardias, and that crews were left with vagal maneuvers and fluid boluses as their options for treatment. The group had previously discussed the use of amiodarone for these patients, and it had been added to protocol in the most recent protocol manual update. He felt there were some concerns that amiodarone would be given to all patients who were stable irregular tachycardias, and this was not the design behind the change. He said that once these patients arrive in the hospital, there are different medications that they will use, but that amiodarone is a good option in the EMS environment for some of those irregular tachycardia patients who are stable but still symptomatic. He felt that the protocol should have the requirement of calling for medical direction so that every irregular tachycardia does not get amiodarone in the field. Dr. LeDuc agreed and said the addition of medical control adds needed discretion.

A motion to add "With Physician Order Only" to the use of Amiodarone in the Stable Irregular Tachycardia protocol was made by Dr. Davidson and seconded by Mr. Neel. The motion carried unanimously.

E. Discussion of the Use of Diphenhydramine in Behavioral Emergencies

Dr. Young said that OEMSTS received three protocol deviations from ILS crews who had called for Orders for Diphenhydramine for combative behavioral emergency patients. The cases had been discussed in QI Directors Committee, and it had been brought to DDP with the concern that perhaps these ILS crews needed an additional tool to handle these patients when restraints are not enough to ensure a safe transport environment. Chief Wyatt voiced concerns that simply adding the medication to the protocol could cause confusion for some ALS providers, leaving the impression that since the medication was listed, it must be given, when ALS providers have much better medications for this group of patients. Dr. Davidson voiced his opposition to the idea, stating he did not feel that Diphenhydramine was going to have enough of an effect to have a difference for the patient or the crew. Dr. LeDuc agreed, and asked Dr. Young if the submitted cases documented a change in patient agitation levels. He stated that the charts did mention a decrease in agitation, but that a time frame was not mentioned. After much discussion within the group, it was agreed that AMR, MedicWest, and CCFD would look into a pilot program to review the concept for the ILS crews.

F. Discussion of Termination of Resuscitation Protocol

Chief Neel stated that this topic had been discussed in the QI Directors meeting, and that the group had looked at a draft of the Termination of Resuscitation protocol with some changes that address the needs of the rural EMS agencies. He presented a definition of Austere Environments, including where ALS resources are more than 20 minutes away, where there is little to no communication resources available and medical direction access cannot be utilized, limited resources, limited ability to transport, limited ability to provide care due to crew or patient safety concerns, and any other factors that could impede the ability of EMS responders to provide necessary emergency medical care. He also made several edits to the Termination of Resuscitation Protocol itself. Under section 3A, the word "paramedic" was removed. Under 3A, section 3, an asterisk was added stating that the use of ALS medication was not applicable in Austere Environments. Finally, under 3B section 4, the phrase "or no shock advised from AED in austere environments" was added to the end of the section. The group supported these changes, although it was agreed that in section 3A, the phrase "or no shock advised from AED" should be added to the first sentence under medical arrest. Dr. Holtz felt there was some ambiguity in the phrase "persistent asystole or agonal rhythm" and wanted a clearer definition of what persistent meant. The group agreed to accept these changes as written but wanted to bring the protocol back to the next meeting to further discuss the concerns raised by Dr. Holtz.

A motion was made by Dr. Slattery to accept the changes as stated above and seconded by Ms. Wyatt. The motion passed unanimously. The group agreed to continue work on this protocol at the next meeting.

G. Discussion of the Use of PEEP Valves on BVMs

Dr. Young stated that discussion had been made about the use of BVMs that have PEEP valves built into them and mentioned that these are better devices for the patient overall. He wanted to know if this was equipment that all agencies carried. Ms. Wyatt said that CCFD uses these and that they have been trying to get AMR and MedicWest on board with using them and carrying them so they are able to restock CCFD. Mr. Goldstein said that these are not currently a part of the AMR or MedicWest inventory. The group had concerns over cost of these items before making them a mandatory inventory requirement. A cost analysis will be brought back to the group for review.

H. Discussion of the CPAP Protocol

Nathan Root from HFD stated that they had recently upgraded their ventilators on their rescues and that they now carried Zoll ventilators which have the ability to do both CPAP and BiPap for patients. BiPap is not currently in protocol, so each time Henderson Fire wants to use this tool for a patient, they need to call and ask for orders to do so. He would like to amend the CPAP protocol allowing for both CPAP and BiPap depending on patient need. Dr. Davidson asked if this would be a mandatory equipment item. John Hammond said if the decision is made to move forward with this, it will be mandatory. He will not agree to allowing only one agency to have access to BiPap, as patients across the valley are entitled to access to the same level of care no matter where they are. Concerns about cost were raised, as this equipment would be a large capital purchase for all agencies. Mr. Hammond decided that

before all agencies are forced to incur these costs, he would like to see data from Henderson Fire demonstrating improved patient outcomes through the use of BiPap versus CPAP. Henderson Fire agreed to put together a pilot program and compile data for review.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Nathan Root from HFD spoke about the necessity of the use of etomidate for induction for children. He stated that most children who need emergency airways are victims of trauma, and are normally hypotensive, with rules out the use od midazolam or ketamine. Etomidate is not currently an option for use. He requested that the group review this possibility at the next meeting. He also asked for a review of the use of high dose fentanyl as a medication for post-intubation sedation.

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 11:27 a.m.