



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

March 2, 2022 – 10:00 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD, Chair
Chief Jennifer Wyatt, CCFD
Shane Splinter, HFD (Alt)
Chief Shawn Tobler, MFR
Sam Scheller, GEMS
Ryan Fraser, AirMed Response (Alt)
Kelly Morgan, MD, NLVFD

Jessica Leduc, DO, HFD
Mike Barnum, MD, AMR
David Slattery, MD, LVFR (Alt)
Derek Cox, LVFR
Bryce Wilcox, CA (Alt)
Chief Frank Simone, NLVFD
Jim McAllister, LVMS

MEMBERS ABSENT

Nate Jenson, DO, MFR
Alicia Farrow, Mercy Air
Chief Stephen Neel, MVFD

Devon Eisma, RN, Optimum Medical
Jeff Davidson, MD, MWA
Nigel Walton, BCFD

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Med. Director

Laura Palmer, EMSTS Supervisor

PUBLIC ATTENDANCE

Kat Fivelstad, MD
Tony Greenway
Chris Racine
Paul Stepaniuk

Sandra Horning, MD
Nathan Root
Daniel Shinn
Ryan Tyler

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Dr. Michael Holtz called the meeting to order at 10:07 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee members joined the meeting via teleconference and the roll call was administered by Laura, EMSTS Supervisor, who 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. Holtz asked if anyone wished to address the Board pertaining to items listed on the Agenda. He expressed sadness with the untimely death of Dr. Matthew Horbal. He stated Dr. Horbal will be greatly missed, and

recognized his contributions to the Medical Advisory Board, DDP Committee, and the Clark County EMS community.

II. CONSENT AGENDA

Dr. Holtz 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: December 1, 2021

A motion was made by Dr. Leduc, seconded by Mr. McAllister, and carried unanimously to approve the Consent Agenda as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

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

Dr. Barnum reported the Education Committee accepted the educational component for the pit crew approach in their meeting earlier that morning. The first recommendation was that they include the following pearl:

“Pre-assignment of Pit Crew Roles is recommended. When not possible tasks can be assigned by order of arrival.

- 1 or 1st at patient side – Airway
- 2 or 2nd at patient side – Compressions
- 3 or 3rd at patient side – IV/IO Access, Med Administration
- 4 or 4th at patient side – Measure, Monitor/AED Placement
- 5 or 5th at patient side – Family liaison/History Gathering”

A motion was made by Dr. Barnum to include the above pearl in the adult and pediatric cardiac arrest protocols. The motion was seconded by Mr. Cox and carried unanimously.

B. Discussion of Termination of Resuscitation Protocol and Prehospital Death Determination Protocol

Mr. Hammond referred the Committee to a note he drafted to include in the Termination of Resuscitation protocol:

“Notes: 1. In remote or wilderness situations, EMS providers must make every effort to contact medical command, but resuscitation may be terminated in the field without medical command when the following have occurred: A. There has been no return of pulse despite great than 20 minutes of CPR (consider extending in the case of hypothermia). B. Transport to an emergency department will take greater than 40 minutes (consider extending in the case of hypothermia). C. The EMS providers are exhausted, and it is physically impossible to continue the resuscitation.”

After some discussion, the Committee felt there was a need to revise the language for clarification. The revised verbiage will be brought back for further discussion at the next scheduled meeting.

C. Discussion of Pediatric Midazolam Usage (this agenda item was combined with agenda Item “E” Discussion of Midazolam in Adult and Pediatric Seizure Protocols)

Chief Wyatt addressed Midazolam dosing issues related to the way the current protocols are written. Previous revisions made to the adult protocols are not reflected in the pediatric protocols. Dr. Young agreed to standardize the two protocols, including the formulary. No formal motion was required as it is a housekeeping change.

D. Discussion of Pediatric Cardiac Arrest Protocol

Drs. Horning and Fivelstad recommended revisions be made to the pediatric cardiac arrest protocol to meet the concepts adopted by the AHA, Academy of Pediatrics and American College of Emergency Physicians. The literature emphasizes the importance that early administration of Epinephrine is one of the keys factors to success in resuscitating children in cardiac arrest and neurological survivability. Dr. Fivelstad stated it’s a matter of prioritizing airway management and administering Epinephrine within the first two minutes of arrival. In addition, to ensure improved outcomes for pediatric patients, EMS providers should stay on scene and ideally

work the cardiac arrest for 15-20 minutes. Mr. Root agreed, and stated the research shows that the optimal on time on scene is 20 minutes or greater, as moving the patient decreases cardiac survivability.

A question was raised by Mr. Cox that the way the draft protocol is written slightly deviates from the current PALS guidelines. After much discussion, Dr. Barnum stated that the necessary revisions will be made to the protocol, including the recommendation of movement to an age, to kilo, to ml dosing scheme, for discussion at their next regularly scheduled meeting.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None.

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. Holtz asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he 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 11:02 a.m.