



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

June 1, 2022 – 10:00 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD, Chair
Steven DePue, CCFD (Alt)
Shane Splinter, HFD (Alt)
Chief Shawn Tobler, MFR
Sam Scheller, GEMS
Jim McAllister, LVMS

Chief Frank Simone, NLVFD
Mike Barnum, MD, AMR
Chief Stephen Neel, MVFD
Chief Kim Moore, HFD
Derek Cox, LVFR
Nate Jensen, DO, MFR

MEMBERS ABSENT

Kelly Morgan, MD, NLVFD
John Osborn, CA
Alicia Farrow, Mercy Air
Troy Biro, AirMed

Jessica Leduc, DO, HFD
Devon Eisma, RN, OptimuMedicine
Karen Dalmaso-Hughey, AMR
Nigel Walton, BCFD

SNHD STAFF PRESENT

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

Laura Palmer, EMSTS Supervisor
Scott Wagner, EMSTS Field Representative
Roni Mauro, EMSTS Field Representative

PUBLIC ATTENDANCE

Sandra Horning, MD
Jeff Davidson, MD
Rebecca Carmody
Joseph Miller
Michael Denton
Aaron Goldstein
Bud Adams

Kat Fivelstad, MD
Ryan Hodnick, DO
Braiden Green
Carla Laos
Sydni Senecal
Fernando Juarez, RN

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol (DDP) Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, June 1, 2022. Chairman Michael Holtz called the meeting to order at 10:01 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some Committee members joined the meeting via teleconference and the roll call was administered by Laura Palmer, 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. Seeing no one, he closed the Public Comment portion of the meeting.

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.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: May 4, 2022

A motion was made by Dr. Barnum, seconded by Chief Neel, and carried unanimously to approve the Consent Agenda as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of TFTC Protocol - Tabled

B. Discussion of Target Temperature Management Protocol

Mr. Splinter stated that the requirement for chilled saline should be removed from the inventory because the receiving facilities may or may not continue the treatment after their arrival. Dr. Holtz noted the most recent literature no longer supports its use for hypothermia.

A motion was made by Mr. Splinter and seconded by Dr. Davidson to remove chilled saline from the Official Paramedic Drug Inventory, and to delete the "Hypothermia" column from the Hospital Receiving Directory in the protocol manual. The motion was carried unanimously by the committee.

C. Discussion of Endotracheal Intubation Protocol

A motion was made by Dr. Holtz to add a maximum dose of 30 mg to the Endotracheal Intubation protocol, and to add the following verbiage for post-intubation sedation: "Note: Sedation should be titrated for patient comfort and respiratory compliance. Always use the least amount of medication possible to maintain sedation effects and reduce patient agitation." The motion was seconded by Mr. Splinter and carried unanimously by the committee.

D. Discussion of Adult and Pediatric Ventilation Management Protocols

A motion was made by Dr. Holtz, and seconded by Chief Simone, to add the following pearls to the Adult Ventilation Management protocol:

- Consider preoxygenation/lung denitrogenation with a non-rebreather, a nasal cannula at 15 LPM, or CPAP prior to intubation (as patient allows).
- Severe hypotension (SBP<90) should be addressed with IV fluids and/or pressors (as appropriate) prior to intubation in order to reduce likelihood of post-intubation cardiovascular decline."

The motion was carried unanimously by the committee.

A motion was made by Dr. Holtz, and seconded by Chief Simone, to add the following pearls to the Pediatric Ventilation Management protocol:

- Consider preoxygenation/lung denitrogenation with a non-rebreather or a nasal cannula at 15 LPM.
- Severe hypotension (SBP<2x age+70) should be addressed with IV fluids and/or pressors (as appropriate) prior to intubation in order to reduce likelihood of post-intubation cardiovascular decline."

The motion was carried unanimously by the committee.

E. Discussion of the Use of Ondansetron Hydrochloride (Zofran) by AEMTs

Chief Neel noted there is a national paramedic shortage, and there is not a paramedic on every call in the rural areas. He stated that Zofran is a very benign drug and asked that AEMTs, and possibly EMTs, be permitted to give Zofran IV or PO for nausea. Dr. Young stated the National EMS Scope of Practice Model does support AEMTs to give Zofran, but not EMTs because it can have some side effects and subsequent implications for pregnant and pediatric patients.

A motion was made by Chief Neel and seconded by Chief Simone to add Ondansetron Hydrochloride to the Official AEMT Drug Inventory. The motion was carried unanimously by the committee.

F. Discussion of the Use of CPAP by AEMTs

Chief Neel stated that EMTs are currently being taught how to use the CPAP as part of the National EMS Scope of Practice Model. Once again, he noted that a paramedic is not on every call in the rural areas. CPAP has helped a lot of patients to where there is a decreased need to intubate. Ms. Palmer stated that an adjustment would need to be made because SPO2 and CO2 needs to be monitored.

A motion was made by Chief Neel to add CPAP to the AEMT scope of practice, to include the following verbiage, "Assess patient and document VS, SPO2 and ETCO2 (if available) prior to applying oxygen. ETCO2 is mandatory for paramedics." The motion was seconded by Dr. Davidson and carried unanimously by the committee.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Sarah Mitre, Fire Analyst for Boulder City Fire Department, made a request for an upcoming agenda item to lower the 50-mile transport radius to address staff shortages and long turnaround times. Mr. Hammond stated he has had discussions with Chief Gray to decrease the radius to 30 miles. However, the decision to do so would apply to all transport agencies. They will need to ensure they balance the interests of the regulations and appropriate patient care.

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 10:52 a.m.