MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

October 5, 2022 – 10:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR, Chair
Jeff Davidson, MD
Michael Holtz, MD
Chief Jennifer Wyatt, CCFD
Jim McAllister, LVMS
Samuel Scheller, GEMS
Sydni Senecal, OM
Kelly Morgan, MD
Jessica Leduc, DO, HFD
Chief Frank Simone, NLVFD
Chief Shawn Tobler, MFR
Derek Cox, LVFR
John Osborn, CA
Jim McAllister, LVMS

MEMBERS ABSENT

Alicia Farrow, Mercy Air
Troy Biro, AirMed
Nigel Walton, BCFD

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Med. Director
John Hammond, EMSTS Manager
Nicole Charlton, EMS Program/Project Coordinator
Rae Pettie, Recording Secretary
Laura Palmer, EMSTS Supervisor
Scott Wagner, EMSTS Field Representative
Roni Mauro, EMSTS Field Representative

PUBLIC ATTENDANCE

Sandra Horning, MD
Shannon Ruiz, PharmD
Eric Grismanauskas
Todd Ford
Fernando Juarez
Donna Laffey
Paul Stepaniuk
Kat Fivelstad, MD
Rebecca Carmody
Mark Calabrese
James “Bud” Adams
Tony Greenway
Nathan Root
Steve DePue

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, October 5, 2022. Chairman Mike Barnum 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. 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. Barnum 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. Barnum 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: August 3, 2022

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Addition of Acetaminophen to Formulary and Protocol

Clark County Fire Department (CCFD) conducted a pilot study from August 2020 to April 2021 to test the efficacy of acetaminophen administration as an alternative to a narcotic for pain management. The study was limited to patients complaining of non-cardiac pain. Chief Wyatt referred the committee to the Application for Petition of addition of acetaminophen to the EMS drug inventory, which included the results of CCFD's study. Dr. Davidson stated that acetaminophen has a proven benefit and is used often in the operating room as a post-operative analgesic. He added that it is a great adjunct, especially for pediatrics.

The committee discussed the related costs for the PO & IV routes of administration. The cost of the PO route was found to be negligible as compared to a narcotic. Chief Wyatt stated the vial and pre-mixed bag was more expensive, but not to the point where you wouldn't want to carry it. She reported that during the trial they tried to stay away from the terms Tylenol and acetaminophen, especially for the high users of narcotics stating they needed pain management. Instead, they used the term Ofirmev, which is not common language for that population subset.

Mr. Hammond stated that if approved, only paramedics will be initially approved for administering acetaminophen as training and general effect need to be tracked prior to rolling it out to AEMTs, regardless of the route.

Dr. Santa Horning, pediatric emergency physician, stated that acetaminophen is a great idea for children, particularly the oral route. She gives a lot of children with febrile seizures PO acetaminophen, many of which are monitored and go home without ever needing to get an IV. Chief Wyatt noted there are other indications they identified across the country such as fever, sepsis, and seizure. For pediatrics, a liquid suspension is much easier than giving a child a pill. The affected protocols identified would be adult pain management, sepsis, pediatric pain management, pediatric seizure, and pediatric shock. Rebecca Carmody noted that they were only testing for pain management, so they didn't include anyone in the trial who was febrile. She stated that in the next phase of the rollout they can gather data on how well it reduces fever at the 5-minute and 10-minute mark. They also did not include sepsis criteria. She noted they should probably review the language in the Waiting Room Criteria

protocol as a person who has received one dose of Morphine qualifies. Also, if you receive one dose of acetaminophen in the field, the call can be downgraded from an ALS to an ILS transport.

A motion was made by Chief Neel to add Ofirmev (acetaminophen) to the Official Paramedic Drug Inventory as a non-opiate analgesic for pain management and reduction of fever. Pending approval from the Medical Advisory Board, the committee will make the necessary revisions to all related protocols at their next scheduled meeting. The motion was seconded by Dr. Davidson and carried unanimously.

B. Discussion of Protocol Development for EMS Removal of Taser Darts

Dr. Barnum stated that EMS providers have asked for guidance on who is responsible for the removal of taser darts in the field at the request of law enforcement. He referred the committee to the policies/protocols utilized in other EMS systems that allow for the removal of taser darts, including specific conditions such as a specific organ being hit, like an eye, or the genitalia. It is recommended that those patients should go to the ED for emergency care. Dr. Barnum referred the committee to the policy he created for AMR/MWA. He noted that the issue doesn't necessarily need to be included as a separate protocol, but possibly added as a section in the Behavioral Emergencies protocol. The committee agreed that the question arises often enough to be addressed educationally, especially in the circumstance where there may be an adverse outcome. Chief Tobler noted that they have encountered push back from law enforcement wanting EMS providers to remove the darts. Dr. Barnum stated that in his research of protocols around the country, it is something that's being done by EMS. It's an opportunity to partner with law enforcement who may view it as a medical issue because something is penetrating the skin. They have generally called for medical support in a lot of these cases because the patient is then altered and now has had an electrical shock applied to them. Chief Tobler stated that law enforcement is trained to remove the taser probes, but it's up to local policy to allow it or not. Dr. Young noted that they shouldn't contradict any taser protocols in place for law enforcement. Dr. Barnum stated he would like to provide guidance for the EMS providers to have the ability to say either yes or no to law enforcement in the field. Dr. Morgan stated that we are asking EMS providers to potentially remove a sharp from a likely less than cooperative patient, and do we really want the risk of a needle stick from an individual who is potentially contaminated? If you're deploying a taser dart, then you should be prepared to deal with the repercussions of removing the barb out of the person you shot. Mr. Hammond stated that that was Metro's policy in the past because even if secured with handcuffs, the individual can still thrash about enough to endanger the crews, who are not equipped with the thicker gloves for personal protection.

Dr. Holtz suggested they add a pearl on how to remove taser darts. After some discussion, the committee agreed that EMS providers should only remove the barbs to facilitate medical care. Dr. Barnum agreed to table the discussion to allow him to bring back a draft proposal.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Mr. Hammond introduced Nicole Charlton as the new EMSTS Program/Project Coordinator for the Office of EMS & Trauma System.

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.

Steve DePue asked for clarification on a radio icon in the Prehospital Death Determination protocol. Mr. Hammond stated the OEMSTS will take a look at the protocol and get back to him.

VI. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 10:44 a.m.