



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DRUG/DEVICE/PROTOCOL COMMITTEE**

**November 7, 2012 – 09:00 A.M.**

**MEMBERS PRESENT**

Bryan Bledsoe, DO, MedicWest Ambulance (Vice Chair)	Richard Henderson, MD, Henderson Fire Department
Eric Anderson, MD, MedicWest Ambulance	David Slattery, MD, Las Vegas Fire & Rescue
August Corrales, EMT-P, CSN	Aaron Harvey, EMT-P, HFD (Alt)
Gina Schuster, EMT-P, Community Ambulance	Frank Simone, EMT-P, NLVFD (Alt)
Derek Cox, EMT-P, LVF&R (Alt)	Eric Dievendorf, EMT-P, AMR
Chief Troy Tuke, Clark County Fire Department	Christian Young, MD, Boulder City Fire Dept (Alt)

**MEMBERS ABSENT**

Jarrod Johnson, DO, Chairman, MFR	Scott Scherr, MD, Sunrise Hospital
K. Alexander Malone, MD, North Las Vegas Fire	Rebecca Dennon, EMT-P, JTM

**SNHD STAFF PRESENT**

Trish Beckwith, EMS Field Representative	Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary	

**PUBLIC ATTENDANCE**

Scott Morris, EMT-I, NLVFD	Sam Scheller, EMT-P, Guardian Elite
Rick Resnick, EMT-P, MFR	Mark Calabrese, EMT-P, Mt. View Hospital
Larry Johnson, EMT-P, MWA/AMR	Martin Tull, MedicWest Ambulance
Jim McAllister, EMT-P, LVMS	Richard Main, EMT-P, AMR
Tony Greenway, EMT-P, AMR	Victor Montecerin, EMT-P, LVAPEC
Chris Baker, TriState CareFlight	Richard Martindale, LVAPEC
Justin Williams, LVAPEC	

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

The Drug/Device/Protocol Committee convened in the Human Resources Training Room #2 of the Ravenholt Public Health Center on Wednesday, November 7, 2012. Vice Chair Bryan Bledsoe, D.O. called the meeting to order at 9:16 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Bledsoe noted that a quorum was present.

## **I. PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Vice Chair Bledsoe asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

## **II. CONSENT AGENDA**

Vice Chair Bledsoe stated the Consent Agenda consisted of matters to be considered by the Drug/Device/Protocol Committee 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.

Minutes Drug/Device/Protocol Committee Meeting, September 5, 2012

Dr. Bledsoe asked for a motion to approve the minutes of the September 5, 2012 Drug/Device/Protocol Committee meeting. Motion made by Member Young, seconded by Member Tuke and carried unanimously.

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

### **A. Review of Alternate Drug Protocols (for possible action)**

Hydromorphone (Dilaudid)  
Fentanyl (Sublimaze)  
Diazepam (Valium)  
Ketamine (Ketalar)  
Droperidol (Inapsine)  
Propofol (Diprivan)

Dr. Morgan referred to the Alternative Drug Protocol packet in the Committee's handouts and explained that they were the approved medications for the drug shortage crisis including the dosing and protocols that are involved with the medications. She added that they have been integrated into the current protocols as well as the formulary.

Dr. Bledsoe added that there was a controversy at the last meeting as to what were primary drugs and what were secondary drugs and looking back at the previous minutes it wasn't clear so that will need to be addressed as well.

Dr. Slattery stated that these approved alternative drugs have been reviewed in detail and felt that everybody should be comfortable with them.

A motion was made by Member Slattery to approve the Alternative Drug protocols as written, seconded by Member Simone and carried unanimously.

### **B. Discussion of Integration of Alternative Drugs in the Current BLS/ILS/ALS Protocols (for possible action)**

Dr. Morgan explained that the alternative medications and dosing have been integrated in the current appropriate protocols. Dr. Slattery felt that it was very clean and eliminates all the questions about tiers. He added that it clearly reflects that it is an alternative medication and not a medication that has to be carried concurrently.

Ms. Beckwith stated that the alternative drug medication education is already complete and as long as it gets approved by MAB today she will have the copies of that education to give to each of the agencies for training by the end of next week.

Dr. Slattery stated that his preference would be for those agencies that are currently using alternative medications and 90% of their personnel have been trained those protocols would go into effect today instead of waiting until February. Ms. Beckwith voiced concern with agencies going live prior to February 1, 2013. She added that they need to get everybody up to speed so when crews run with other agencies everybody will understand the medications. Dr. Slattery agreed but added that they are still in this drug shortage crisis so there needs to be some leniency in terms of these medications that are currently being used and this provides protection.

Chief Tuke believed it was previously discussed that once a month there was going to be a notice or an acknowledgement of what medications agencies are using.

Dr. Slattery commented that Dr. Morgan put that on the SNHD website. Dr. Morgan explained that she did but didn't get responses back from people on who is using what to keep up with it.

Dr. Bledsoe stated that this is such a tightly regulated system and they are functioning outside the protocols and in order to protect the medical directors and operations they need the protocol. Dr. Slattery agreed and stated that these are the priority and asked each agency what alternative medications they are currently carrying.

Clark County Fire Department (CCFD): Chief Tuke responded that they have alternative drugs in stock but not using them.

Henderson Fire Department: Aaron Harvey responded that they have some stock but not using them.

Las Vegas Fire & Rescue (LVF&R): Dr. Slattery stated that they are currently using Dilaudid and maybe putting out Ketamine depending how soon they get Etomidate.

North Las Vegas Fire Department: Frank Simone stated that they recently pulled all their Fentanyl off and put it back in storage and just using Morphine and Versed.

American Medical Response (AMR): Eric Dievendorf stated that they are not using alternative medications at this time.

MedicWest Ambulance (MW): Dr. Bledsoe stated that they are using alternative medicines and they are going to put Fentanyl on the ambulances as a primary and have everything in stock. He add that when they run with LVF&R they carry Dilaudid.

Mesquite Fire & Rescue: Rick Resnick reported no alternatives.

Boulder City Fire Department: Dr. Young reported no alternatives.

Guardian Elite Medical Services (GEMS): Sam Scheller stated they have Versed, Morphine and Etomidate.

Las Vegas Motor Speedway: Jim McAllister stated they have not moved forward on this yet. He added that part of the reason is that they run with nearly all agencies so he is seeing something different every time. His directive would be to educate on everything and at some point make a decision on what they will carry. Dr. Morgan stated that the education that is coming out will be on everything.

Dr. Bledsoe asked for a motion to approve the integration of the alternative drugs in the current protocol. Motion made by Member Slattery, seconded by Member Tuke and carried unanimously.

#### **IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

Dr. Bledsoe introduced and welcomed Martin Tull as the new Operations Manager for MedicWest Ambulance.

Dr. Slattery questioned why the Behavior Emergencies Protocol was not on the DDP agenda to be referred to the MAB. Dr. Morgan stated that it was one of the protocols that they wanted to make sure was pushed through for the February 1<sup>st</sup> deadline. She added that she has no problem discussing it now. Ms. Beckwith advised the Committee that this protocol can be discussed but not voted on.

Dr. Morgan advised that this protocol has already been approved from the one of the DDP prior meetings and has been approved thru MAB as well.

After considerable discussion regarding the administration of the medication and the restraints Dr. Slattery felt that there was enough discussion on this item that he didn't feel comfortable calling for a vote at the MAB. He added that there is enough distention in the room that this needs to be brought back to this Committee as an agendized item for discussion and action and then a recommendation from this Committee to the MAB.

Dr. Bledsoe agreed and stated that they can put this on the agenda for the next meeting.

#### **V. PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which

may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Vice Chair Bledsoe asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

**VI. ADJOURNMENT**

There being no further business to come before the Committee, Vice Chair Bledsoe adjourned the meeting at 9:51 a.m.

DRAFT