



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL COMMITTEE

August 06, 2014 – 09:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, Acting Chairman, AMR
Rick Resnick, EMT-P, MFR
Troy Tuke, Clark County Fire Department
Frank Simone, NLVFD
Clem Strumillo, Community Ambulance
Chad Fitzhugh, Mercy Air
Eric Dievendorf, AMR

Tressa Naik, M.D., Henderson Fire Dept.
Chief Scott Vivier, Henderson Fire Dept
Derek Cox, LVF&R
David Slattery, M.D., LVF&R
Brandon Hunter, MWA
August Corrales, JTM

MEMBERS ABSENT

Rebecca Dennon, JTM
Bryan Bledsoe, DO, MWA
K. Alexander Malone, MD, NLVFD

Chuck Gebhart, Boulder City Fire Dept.
Jarrod Johnson, DO, Chairman, MFR

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Gerry Julian, EMS Field Representative

John Hammond, EMSTS Supervisor
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Steve Krebs, MD, UMC
Sam Scheller, GE
Jim McAllister, LVMS
Stephen Johnson, MWA
Sarah McCrea, LVF&R

Dineen McSwain, UMC
Glen Simpson, MWA
Lester Hernandez, MWA/LVAPEC
Leonel Paradis, LVAPEC

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, August 06, 2014. Acting Chairman Mike Barnum, M.D. called the meeting to order at 09:15 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Acting Chairman Barnum 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. Acting Chairman Barnum 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

Acting Chairman Barnum 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, June 04, 2014

Acting Chairman Barnum asked for a motion to approve the consent agenda which included the minutes of the June 04, 2014 Drug/Device/Protocol Committee meeting. Motion made by Member Corrales, seconded by Member Naik and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of the Official Special Event Medical Inventory

Mr. Hammond stated that in developing the special event medical inventory for special event first aid stations, they used the non-transport quantities that were on the previous inventory listing based on level of care.

Mr. Dievendorf questioned the definition of “staff” at a first aid station. Mr. Hammond stated that based on the level of the event the first aid station is required to be staffed by an EMT, an AEMT, or a Paramedic and as they go higher, physicians and nurses as well, so if the event requires an EMT level tent, it would be staffed with one EMT and that level of equipment available. Mr. Dievendorf questioned if there is an ambulance would they have to take the equipment from the ambulance into the first aid station. Mr. Hammond stated that an ambulance can actually be used as a first aid station with all the equipment listed in the inventory. He explained the reason they created a separate inventory for special events was to make it easier for the host organizations to understand what their requirements will entail.

Mr. Cox questioned if the EMT working an event would be a licensed ambulance attendant or working on the job independently. Mr. Hammond stated that they need to be a licensed provider not just a certified provider. Mr. Cox stated that in order to be licensed and tied with the ambulance service would they not fall under the EMS regulations which would require two (2) attendants. Mr. Hammond explained they would be operating under the EMS Regulations regarding Special Event Medical Coverage. Chief Vivier agreed and stated the ambulance requires two (2), but as a special event tent, it only requires one (1).

Mr. Hammond added that additionally there are requirements within the law and the regulations that state if the event requires a roving EMT, AEMT, Paramedic team they will be equipped accordingly. The equipment used in roving teams of any configuration must be appropriate for the level of licensure and will be left to the discretion of the agency providing standby medical coverage.

Member Vivier made the motion to approve the Official Special Event Medical Inventory as written. Seconded by Member Simone and carried unanimously.

B. Discussion on Code 3 Returns for Cardiac Arrest Incidents

Mr. Tuke advised the Committee that they have an inordinate amount of cardiac arrests with no pulse or no real signs of coming back that they are transporting back to the hospital Code 3 (lights and sirens), at great risk to everyone without a good outcome. He felt that a letter of support from the regulatory body allowing them to go back Code 2 with a cardiac arrest with no pulse would be appropriate. He stated that there are two protocols in place, Prehospital Death Determination and Termination of Resuscitation that are very well written, but the crews are not comfortable using and would like to use this as a bridge in teaching to get the crews more experience, more confidence in using and calling patients on scene.

Mr. Hammond stated he didn't see a problem with a letter of support but added that the Health District does not regulate the operational aspects in regard to how an agency responds to a call.

Dr. Slattery stated that they fully support this and suggested that beyond the letter of support they codify in protocol some language that enables the provider's to make that decision.

Mr. Hammond added that he doesn't disagree, but stated he would have to research if that is within the Health Districts purview legislatively to direct the mode of transport.

Dr. Slattery stated that it's not directing, it's just enabling language in the protocol, approved by the MAB, and essentially saying there is no evidence to support Code 3 travel for certain conditions.

Mr. Simone stated that one of the issues is you have an emotional high intensity scene and felt that if you initiate transport you believe in viability and questioned why they can't make that call in the back of the rig.

Dr. Barnum agreed stating they shouldn't be transporting people that are believed to be non-viable but felt as a system they are not there yet. He felt that there is value in having a letter to support the going Code 2 as a step in the educational process towards better adoption of the portions that allow non-transport in the first place.

Mr. Tuke stated that if they load, they need to deliver at the hospital for a host of reasons and felt that they need to take the easy stuff first, which is go back Code 2 and keep everybody safe, codify it for the next round of protocols, and continue to teach it to get the crews more familiar and confident using that Termination of Resuscitation protocol.

Mr. Cox emphasized that education, roll out and the timing of this is going to be key especially dealing with multiple agencies.

Acting Chairman Barnum asked for a motion to direct staff to research the possibility of adding enabling language regarding code 2 transports to the Emergency Medical Care Protocols. Motion made by Member Slattery, seconded by Member Tuke and carried unanimously.

Acting Chairman Barnum asked for a motion that a request be taken to the Medical Advisory Board to draft a letter of support regarding code 3 returns for cardiac arrest incidents. Motion made by Member Tuke, seconded by Member Simone and carried unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

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. Acting Chairman Barnum 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, Acting Chairman Barnum called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn the meeting at 09:34 a.m.