



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

EDUCATION COMMITTEE

March 12, 2014 – 11:00 A.M.

MEMBERS PRESENT

August Corrales, EMT-P, Chairman
Eric Dievendorf, EMT-P, AMR (Alt.)
Paul Stepaniuk, EMT-P, HFD (Alt.)
Don Abshier, EMT-P, CCFD

Frank Simone, EMT-P, NLVFD
Derek Cox, EMT-P, LVFR
Brandie Green, EMT-P, CSN

MEMBERS ABSENT

Chief Scott Vivier, HFD
Rebecca Dennon, EMT-P, JTM
Jason Driggars, AMR
Clement Strumillo, EMT-P, CA

Donna Miller, RN, Lifeguard Int'l
Chris Stachyra, EMT-I, MWA
Dale Carrison, D.O.
Gerry Julian, EMT-P, Mercy Air

SNHD STAFF PRESENT

Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Chuck Gebhart, Boulder City Fire

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Education Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, March 12, 2014. Chairman August Corrales called the meeting to order at 11:36 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Corrales 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. Chairman Corrales 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

Chairman Corrales stated the Consent Agenda consisted of matters to be considered by the Education 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 Education Committee Meeting, January 15, 2014.

Chairman Corrales asked for a motion to approve the minutes of the January 15, 2014 Education Committee meeting. Motion made by Member Simone, seconded by Member Dievendorf and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Educational Pearls

Chairman Corrales reported that an Education Workshop was held prior to this meeting to review the educational pearls and outlined the discussion and changes made with the Committee.

Draft changes made to educational pearls are noted in the following way:

- 1) Additions are italicized and underscored
- 2) Deletions have a single strike-through

Cardiac Arrest

Absolute Pearls

- The primary cause for Pediatric Cardiac Arrest is hypoxia – Provide ventilations ~~via BVM.~~ *as soon as possible*

A. Ventilatory Management

- Reversing hypoxia is the primary consideration in pediatric arrest. Ventilation management should be accomplished quickly via BVM prior to ~~supraglottic~~ *advanced* airway insertion.

General Trauma

Absolute Pearls

- Determine the need for additional resources. ~~Police, Extrication, Public Utilities & Other Support.~~
- Rapidly determine *Critical Trauma Patients.* ~~GCS; GCS <12~~ Consider Rapid Air/Ground Transport.
- Transport should not be delayed. ~~in cases of~~ Complicated Airway Management or difficult IV Access *should be done in route.*
- *Avoid eliciting a gag reflex in patients with suspected head injury.*
- Maintain normal body temperature. ~~in cases of prolonged environmental exposure prior to EMS arrival.~~

Hyperthermia

Absolute Pearls

- General treatment of Hyperthermic Emergencies include *primarily identifying mental status and* removing the patient from the environment, appropriate cooling measures, oxygenation and fluid hydration.

A. Examples of Environmental Hyperthermic Injuries include:

- Bold the words **Altered Mental Status** after Heat Stroke
- Bold the words **Normal Mental Status** after Heat Stroke
- Bold the words **Normal Mental Status** after Heat Cramps

B. Precautions:

- Quickly remove ~~MVA~~ patients from hot roadways to avoid hyperthermic conduction injuries.

C. Special Considerations

- Aggressive fluid hydration may decrease Blood Glucose Levels; consider re-checking blood glucose levels after ~~500 cc—1000 cc~~ fluid bolus.
- Medical conditions that may stimulate the sympathetic nervous system & impair heat response:
a) Drug Overdose – Heroin, Cocaine, Amphetamines, *GHB*

Hypothermia

Absolute Pearls

- General treatment of Hypothermia includes *primarily identifying mental status and* removing the patient from the environment, appropriate warming measures, and oxygenation.

A. Categories of Hypothermic Injury Include:

- Bold the words **Normal Mental Status** after Mild
- Bold the words **Normal Mental Status** after Moderate
- Bold the words **Altered Mental Status** after Severe

Move Section D. AHA Guidelines in Cardiopulmonary Resuscitation (CPR): to Section A

Delete Section B. Mechanisms of Heat Loss:

Add a Section for Defining Active and Passive re-warming techniques.

Initiate a table to more clearly define the treatments for mild, moderate and severe hypothermia interventions

General Patient Care

Absolute Pearls

- ~~Any patient contact which does not result in an EMS transport must have a completed patient care record with explicit disposition information and patient instructions if prehospital care was rendered.~~
- Time on scene should be based on patient's clinical condition. ~~(i.e. STEMI, trauma)~~ *Time Sensitive emergencies – STEMI, CVA & Trauma – patient transport should be initiated within 10 minutes of patient contact.*
- ~~Blood Pressure is defined as a Systolic/Diastolic reading. A palpated Systolic reading may be necessary at times, but should not be the norm.~~ An Auscultated Systolic/Diastolic Blood Pressure is the preferred method of obtaining the first blood pressure reading; however a palpated pressure is an exception.
- ~~SAMPLE: Signs/Symptoms; Allergies; Medications; PMH; Last oral intake; Events leading to illness/injury~~
- If the ability to adequately oxygenate and/or ventilate the patient cannot be established, the patient **MUST** be transported to the nearest ED
- *Patient Vital Signs should be re-assessed during transport: critical patients every 5 minutes, non-critical patients every 15 minutes.*

Chairman Corrales stated that was the conclusion of the edits made for the educational pearls and asked for a motion to approve the educational pearls reviewed with the stated changes. *Motion made by Member Stepaniuk, seconded by Member Simone and carried unanimously.*

B. Discussion of Field Training Officer (FTO) Training Program

Chairman Corrales referred to the Southern Nevada Health District Paramedic Mentorship/Internship Program guide along with the Daily Evaluation sheet in the Committee's handouts. He advised that they all edits have been made and they are ready to send this to the Medical Advisory Board to approve a pilot program to study the new paramedic intern evaluation tool.

A Motion was made by Member Dievendorf to accept the Southern Nevada Health District Paramedic Mentorship/Internship Program and Daily Evaluation Sheet and refer it to the Medical Advisory Board for approval. Member Abshier seconded and carried unanimously

C. Discussion of EMS Education Among Permitted Agencies

Mr. Simone advised the Committee that with the new regulation change back in January, the Health District now allows agencies to share education. He explained that he asked the Health District to create a folder in the OEMSTS Drop box and called it "Clark County Regional Education Offers" as a community folder where, if you are willing and it is not proprietary information, you can put your approved education for other agencies to use.

Mr. Simone gave an example of an approved CME for North Las Vegas Fire Department called EMS Protocol Review Jeopardy and explained that in the folder he also included an outline of the education that will give the category, hours, course ID and also provided the PowerPoint.

Chief Gebhart questioned if his agency used that education would they also use the approval number as well. Mr. Simone answered in the affirmative. He added that the only time you would need to re-submit for approval is if you made any alterations and you would then be issued a different number.

After a brief discussion, Chairman Corrales stated that it sounds like they have a consensus from the group to have a shared drop box and asked Mr. Simone to get some guidelines from the Health District.

Mr. Simone agreed and stated he will get with Mr. Hammond for specific details and come back to the group as an agenda item with more information.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Discussion of EMS Instructor Symposium Topics

Chairman Corrales asked the Committee if they have any suggestions for topics that they would like to see addressed in the EMS Instructor Symposium. After some discussion, 3 topics were suggested:

- Successful Mentoring Programs
- National Registry requirements
- Discussion on “prompting” the paramedic intern

Chairman Corrales stated that he will get with the Health District on the timeline for the instructor symposium.

Mr. Dievendorf questioned if a place has been secured for the symposium. Chairman Corrales stated that the initial intent was to do it at the Health District but since then others have come forward offering their location. He will get with John Hammond.

Chairman Corrales stated that they need to schedule another workshop to continue with the rest of the protocol pearls. He asked the Committee if April 9th from 9:00am to 11:00am with a Committee meeting to follow was agreeable. The Committee agreed.

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. Chairman Corrales 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, a motion to adjourn was made by Member Dievendorf; seconded by Member Abshier. Chairman Corrales adjourned the meeting at 12:28 p.m.