



MINUTES

EMERGENCY MEDICAL SERVICES

PRIORITY DISPATCH TASK FORCE

September 6, 2006--10:00 A.M.

MEMBERS PRESENT

David E. Slattery, M.D., (Alternate Chairman)
David Nehrbass, EMT-I, AMR
Russ Cameron, EMT-P, CCFD
Randy Howell, EMT-P, HFD (Alternate)

Jay Craddock, EMT-P, NLVFD
Don Hales, EMT-P, MWA
Sandy Young, R.N., LVFR
Trent Jenkins, EMT-P, CCFD

MEMBERS ABSENT

E.P. Homansky, M.D., Chairman
Jon Kingma, EMT-P, BCFD

Scott Vivier, EMT-P, HFD

SNHD STAFF PRESENT

Joseph Heck, D.O. Operational Medical Director
Mary Ellen Britt, R.N., Trauma Coordinator
Moana Hanawahine-Yamamoto, Admin Assist.

Rory Chetelat, EMS Manager
Marc Johnson, R.N., QI Coordinator
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA
John Higley, EMT-P, MFR
Steve Herrin, LVFR
Allen Marino, M.D., MWA
Ron Tucker, EMT-P, MWA
Joseph Ly, EMT-I, AMR
Rich Main, EMT-P, AMR
Brandie Green, CCSN
Edgar Vargas, CCSN
Kelly Hunt, CCSN
Ray Baca, CCSN
Anthony Chiodini, CCSN

Philis Beilfuss, R.N., NLVFD
Jo Ellen Hannom, R.N., CCFD
Brian Rogers, EMT-P, MWA
Tony Greenway, EMT-P, MWA
Tricia Klein, EMT-P, AMR
Tim Crowley, EMT-P, LVFR
Patrick Connell, CCSN
Brian Wilkinson, CCSN
Rick Warner, CCSN
Michael Czaruk, CCSN
Aaron Bleck, CCSN

I. CONSENT AGENDA

The Priority Dispatch Task Force convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, September 6, 2006. Chairman David E. Slattery, M.D. called the meeting to order at 10:15 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Slattery noted that a quorum was present.

Minutes Priority Dispatch Task Force Meeting October 5, 2005

Dr. Slattery asked for approval of the minutes of the October 5, 2005 meeting. A motion was made, seconded and passed to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Discussion of MPDS Version 11.2

Dr. Slattery started off the meeting by stating there are a couple of logistical issues with the new version of the priority dispatch cards that might be problematic for dispatchers and asked Steve Herrin to go over these issues.

Mr. Herrin voiced concern over ProQa Version 11.2, #9-Cardiac or Respiratory Arrest / Death card and stated if the dispatcher is directed to CPR (Compressions 1st) which is panel 13, they will be telling the callers to pump her/his chest rapidly, about twice per second and to do this 400 times which is only 3 ½ minutes. Under EMD's first rule of "Do no harm", this could be potentially harmful, especially for the elderly rescuers.

Dr. Slattery agreed that 400 is an overwhelming number and suggested to tell the caller to keep pushing on the chest as hard and fast as you can and the dispatcher will keep track of the 3 ½ minutes and tell them when to stop.

Mr. Herrin remarked that by not telling them to do 400 compressions and only saying 3 ½ minutes they may not push twice a second and they will never get to 400, which will compromise ProQa's standard. He questioned the liability of not being specific about the number of compressions.

Dr. Slattery stated there is no guarantee that any of those compressions are being effective or done correctly and the best we can do is give them directions and be consistent with AHA guidelines.

Mr. Nehrbuss reported that version 11.3 is out and one of the recommendations is to find out if another rescuer can share the responsibility of doing compressions. He handed out copies of the #9 card from version 11.3.

Brian Rogers asked if anybody spoke to the academy about the 400 compressions. Mr. Herrin replied that he spoke with Dr. Clawson who stated that this has been beta tested at 38 sites and there have been no issues.

Dr. Heck stated that the only thing that happens if you make a change to a card is that the academy will not come to your defense should you ever get sued, which he felt was unlikely. He added that the Good Samaritan statutes would cover the issue. He stated we need to take this system and make it work for us.

Ms. Beilfuss felt that if we were going to deviate from the system at least use the same verbiage as the American Heart Association.

It was agreed to combine some of the verbiage from version 11.3 into 11.2 and remove the number of compressions.

A motion was made by Jay Craddock and seconded to revise dispatch card #9, panel 13 v.11.2 to read: Pump the chest hard and fast, at least twice per second, for 3 ½ minutes (it's not as long as it sounds). Let the chest come all the way up between pumps. I will time you and let you know. I'll stay on the line. *If they become fatigued, ask if someone else is able to take over compressions or advise brief rest (3-5 sec.).

Mr. Herrin then presented his next concern on card F-Childbirth/Delivery panel 29 through 31 when you have a cord only presentation. In panel #28, it states if you see the cord to check for a pulse and if the pulse is less then 50 the next step would be to go to panel 29 which tells them to put index and middle finger into mother's vagina alongside the cord. He asked in doing these procedures and explaining them to a lay person, is there any increased risk to the mother or baby?

Dr. Slattery felt that a prolapsed cord with a pulse of less then 50 is a very dire situation and without any intervention that baby would die. He stated he was comfortable with the dispatch instructions.

Dr. Heck agreed and appreciated their concern but felt that the mother will not be harmed to the degree that her life is going to be put in danger.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No response.

V. ADJOURNMENT

There being no further business, Dr. Slattery adjourned the meeting at 10:53 a.m.