Draft Minutes of Meeting – Subject to Change Upon Approval by the Drug/Device/Protocol Committee at their next regularly scheduled meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

April 3, 2024 – 9:00 A.M.

MEMBERS PRESENT

Kelly Morgan, MD, Chair
Jessica Leduc, DO, HFD
Chief Kim Moore, HFD
Chief Frank Simone, NLVFD
Chief Jennifer Wyatt, CCFD
Chief Stephen Neel, MVFD
Derek Cox, LVFR
Michael Holtz, MD, CCFD
Shannon Ruiz, PharmD
Jeff Davidson, MD, MWA (Alt)
John Osborn, CA
Samuel Scheller, GEMS
Chief Shawn Tobler, MFR

MEMBERS ABSENT

Troy Biro, Guardian Flight
Sydni Senecal, OptimuMedicine
Alicia Farrow, Mercy Air
Jim McAllister, LVMS

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Med. Director
Roni Mauro, EMSTS Field Representative
Rae Pettie, Recording Secretary
Laura Palmer, EMSTS Supervisor
Edward Wynder, Associate General Counsel

PUBLIC ATTENDANCE

Sandra Horning, MD
Ashley Tolar
Bryce Wilcox
Danny Perez
Kady Dabash Meininger
Matthew Dryden
Ryan Young
Stacie Peterson
Sean Collins
Braiden Green
Dan Shinn
David Obert, DO
Lloyd Jenson
Nate Jenson, DO
Stacy Pokorny

[Due to technical difficulties, the audio from this meeting could not be captured. This is a summary of the meeting.]

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Kelly Morgan, MD, called the meeting to order at 9:02 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee members joined the meeting by teleconference and the roll call was administered by Laura Palmer 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. Morgan asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one she closed the public comment portion of the meeting.

Adoption of the agenda: *A motion was made by Chief Neel, seconded by Chief Tobler, and carried unanimously to adopt the March 13, 2024 Drug/Device/Protocol Committee agenda as written.*

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion and Approval of the Recommendation to Revise the Adult and Pediatric Behavioral Emergency Protocols

Dr. Holtz continued the discussion from the March meeting with a newly designed Behavioral Emergency protocol. He incorporated a scale to allow providers to assess patient agitation and use this information to drive treatment plans more accurately. In the draft protocol, patients are categorized in three categories: mildly agitated but cooperative, moderately agitated and a danger to self or others, and significantly agitated and presenting as a serious threat to self or others. Patients in the mild category will not be considered candidates for pharmacological restraint during transport. Moderately agitated patients will have the option of receiving midazolam or droperidol as pharmacological sedation, and the severely agitated patient may receive ketamine or a combination of midazolam and droperidol. It was stressed that all patients are never transported in a prone position or transported with arms restrained behind their backs, and that pharmacological sedation is a medical procedure that results from a medical assessment, and that it is never to be utilized for controlling behavior at the insistence of law enforcement.

A motion was made by Dr. Holtz, seconded by Chief Simone, and carried unanimously to make the following revisions to the Behavioral Emergencies protocol:

1. *The addition of the IMC-RASS scale for categorizing patient agitation.*
2. *The breakdown of patients into mild, moderate, and severe agitation levels.*
3. *The treatment for moderately agitated patients to read, "Midazolam 2.5 – 5 mg IN/IM/IV/IO may repeat X 1 at 2.5 mg. OR Droperidol 2.5 – 5 mg IV/IO or 5 mg IM.*"
4. *The treatment for severely agitated patients to read, "Ketamine 3-4 mg/kg IM OR Midazolam 2.5-10 mg IM and/or Droperidol 5 – 10 mg IM."*
5. *The addition of the following language in red to the top of the Pearls section, "Pharmacological sedation is a medical procedure that results from a medical assessment. Sedation is never to be utilized for controlling behavior for the purpose of law enforcement initiatives or assistance."*
6. *The addition of the following language in the Pearls section, "Under no circumstances are patients to be transported in the prone position" and "Patients also may not be transported with their arms restrained behind their back or in ankle-to-wrist (hog-tied) manner.*"

B. Discussion and Approval of the Recommendation to Revise the Needle Decompression Protocol

Dr. Holtz presented his draft of the Needle Decompression protocol to the committee. He changed the name of the protocol to Needle Thoracostomy and revised the wording on the indications for the procedure. The primary site for insertion is the 4th to 5th intercostal space, with the mid-clavicular site as an alternate. Dr. Holtz also included pictures with the proposal but acknowledged that they could not be used without permission because of copyrighting and would see if he could located some different images that could be utilized.

A motion was made by Dr. Holtz, seconded by Chief Simone, and carried unanimously to make the following revisions to the Needle Decompression protocol:

1. *Change the name of the protocol to Needle Thoracostomy*
2. *Change the indications to read, "Severe/progressive respiratory distress and/or increased resistance to bagging, AND unilateral diminished/absent breath sounds, AND: hypotension with signs of shock, persistent hypoxia despite supplemental oxygen, or jugular venous distension, or tracheal deviation (late sign)" and "Any traumatic cardiac arrest with chest or abdominal trauma and undergoing resuscitation should have bilateral needle thoracostomy performed as soon as possible."*
3. *Change to procedural considerations to read, "Primary site is the 4th to 5th intercostal space in the mid-axillary line of the affected side. Needle should be placed within the "triangle of safety" (see reference image). Insertion site must be above the nipple line as the nipple lies flat against the chest wall with the arm abducted. In females, the breast can displace the nipple inferiorly. If displaced, the clinician should identify where the nipple would lie if flat against the chest wall. This will be superior to the inframammary fold/crease. When in doubt, a more superior site is preferred. Alternate site is the 2nd intercostal space in the mid-clavicular line of the affected side.*"

C. Discussion and Approval of the Recommendation to Revise the Pediatric Allergic Reaction Protocol

Dr. Morgan tabled this item for discussion at the next DDP meeting.

D. Discussion and Approval of the Recommendation to Revise the Pediatric Cardiac Arrest Protocol

Dr. Morgan brought forth the suggested changes to the Pediatric Cardiac Arrest protocol which were driven by the removal of the Pediatric Drowning protocol.

A motion was made by Chief Tobler, seconded by Dr. Leduc, and carried unanimously to make the following revisions to the Pediatric Cardiac Arrest protocol:

1. *On the front of the protocol just above the box indicating "Begin Age Appropriate CPR" add a box with the language "Early ventilation is recommended."*
2. *Add the following pearls, "Once an advanced airway is in place, compressions should be continuous with ventilations every three seconds" and "All drownings need to have the SNHD Submersion Incident Form submitted.*"

E. Discussion and Approval of the Recommendation to Revise the Adult Drowning Protocol

A motion was made by Dr. Holtz, seconded by Chief Simone, and carried unanimously to remove the Adult Drowning protocol from the protocol manual.

F. Discussion and Approval of the Recommendation to Revise the Pulmonary Edema Protocol

This item was tabled by Dr. Morgan for discussion at the next DDP meeting.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Discuss Survey on Drug/Device/Protocol Priority List

Dr. Morgan thanked everyone for their participation in completing the survey and noted that she saw many of the same items mentioned repeatedly. She said that as a group they have now addressed all of the topics that we discussed in the survey, and she feels that the Committee has done an excellent job addressing the needs of the system.

IV. 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. Morgan asked if anyone wished to address the Board pertaining to items listed on the agenda. Seeing no one, she closed the Public Comment portion of the meeting.

V. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 10:04 a.m.