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

October 2, 2024 – 9:00 A.M.

MEMBERS PRESENT

Kelly Morgan, MD, Chair
Jessica Leduc, DO, HFD
Chief Kim Moore, HFD
Erik Grismanauskas, CCFD (Alt)
Stacy Pokorny, MWA
Chief Shawn Tobler, MFR
Jim McAllister, LVMS
Michael Holtz, MD, CCFD
Mike Barnum, MD, AMR
Jeff Davidson, MD, MWA
Chief Frank Simone, NLVFD
Todd Ford, HFD (Alt)
Mark Calabrese, CA
Derek Cox, LVFR
Sydni Senecal, OptimuMedicine

MEMBERS ABSENT

Alicia Farrow, Mercy Air
Troy Biro, Guardian Flight
Samuel Scheller, GEMS
Chief Stephen Neel, MVFD
Capt. James Whitworth, BCFD

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Roni Mauro, EMSTS Field Representative
Kristen Anderson, Senior Admin. Assistant
Nicole Charlton, EMSTS Program/Project Coordinator
Laura Palmer, EMSTS Supervisor
Dustin Johnson, EMTS Field Representative
Cassius Lockett, PhD, Deputy District Health Officer
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD
Ryan Tyler
Chris Dobson
Lyndsey van der Laan
Matthew Dryden
Ryan Young
Braiden Green
Eric Dievendorf
Sun Kang
Benjamin Hartnell
Shannon Ruiz, PharmD
Sarita Lundin
Kat Fivelstad, MD
Kate Jessop
Rae Niedfeldt
Rebecca Carmody
Ailyn Risch
Aaron Goldstein
Maya Holmes

I. CALL TO ORDER AND ROLL CALL

The Drug/Device/Protocol (DDP) Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday October 2, 2024. Chairman Kelly Morgan, MD, called the meeting to order at 9:07 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some

committee members joined the meeting via teleconference. Laura Palmer, EMSTS Supervisor, noted that a quorum was present.

II. DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS

Members of the public may attend and participate in the Drug, Device, and Protocol Committee meeting over the telephone by calling (415)655-0001 and entering access code 2556 178 0455. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on. To provide public comment over Webex, please click on the hand icon to raise your hand during the comment period and wait to be called on.

III. 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.

IV. ADOPTION OF THE AUGUST 7, 2024 AGENDA

A motion was made by Chief Simone, seconded by Mr. McAllister, and carried unanimously to adopt the October 2, 2024 Agenda as written.

V. CONSENT AGENDA

Items for action to be considered by the Drug/Device/Protocol Committee which may be enacted by one motion. Any item may be discussed separately per Committee Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes August 7, 2024 Drug/Device/Protocol Committee Meeting ***(for possible action)***

A motion was made by Mr. McAllister, seconded by Chief Simone, and carried unanimously to approve the August 7, 2024 Consent Agenda.

VI. REPORT / DISCUSSION / ACTION

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

A motion was made by Dr. Leduc, seconded by Chief Simone, and carried unanimously to approve the draft Pediatric Allergic Reaction protocol as written.

B. Discussion and Approval of the Recommendation to Revise the Adult Allergic Reaction Protocol

Mr. Ford referred the committee to the draft Adult Allergic Reaction Protocol. He stated Dr. Holtz suggested they revise the anaphylaxis definition and remove the verbiage "Consider advanced airway" from the pearls as it should be covered in education.

A motion was made by Dr. Leduc, seconded by Chief Simone, and carried unanimously to approve the draft Pediatric Allergic Reaction protocol as written.

C. Discussion and Recommendation to Approve Adding Buprenorphine to the Formulary and Adult Overdose Protocol

Dr. Morgan proposed the DDP approve the addition of Buprenorphine (BUP) to the formulary and Adult Overdose protocol to address the nationwide opiate problem. The number of overdoses has continued to climb, and we need to institute something other than Narcan for our patients that are suffering from opiate use disorders. Overall deaths seem to have declined, but as of October 1st we're almost at the same number of calls as the total for 2023.

Dr. Morgan stated BUP is an opioid medication used to treat opioid use disorder (OUD), acute pain, and chronic pain. BUP is a partial mu-opioid receptor agonist, and an antagonist at the kappa opioid receptor. What happens

is that when somebody overdoses with a full agonist such as fentanyl, morphine, or oxycodone, as examples, it binds tightly. We rip it off with naloxone, which is stronger than your opiates. Then we can use BUP to sit on top of this receptor, and because it binds tighter than everything else, even if that individual goes out and uses afterwards, the BUP binds so tightly that the opiate won't have any effect. It lasts about 24 hours when you load people appropriately, and it prevents them from dying. It's a safe medication. It's an affordable medication that is currently being used in other EMS systems. Dr. Morgan noted that CA Bridge to Treatment, now a national bridge, has done a lot of work over the past few years working on the opiate problem and linking people to care. In that process they also have generated evidence-based national protocols for guidance. She will see if someone from Hennepin County can speak at the next meeting. They have been using BUP in their EMS system for over a year, with no adverse outcomes in approximately 150 administrations.

Dr. Leduc asked if the goal is to give BUP in the field and then transport. Dr. Morgan stated the goal is to get a first loading dose in the field, transport, and then coordinate with the receiving facility. She noted the next hurdle is to get the Peer Navigators in place at the receiving facilities. Peer Navigators offer support and guidance to individuals navigating systems such as healthcare. They share insights and strategies to help others overcome similar challenges. It is built on empathy and understanding, which can significantly enhance an individual's ability to access necessary resources and services. They empower those they assist, promoting independence and self-advocacy.

Dr. Morgan stated that when you look at the actual overdose data. The riskiest time period for somebody is after they were reversed from a non-fatal overdose after being given Narcan. They wake up, and if we do nothing, the data shows they have high mortality rates in the first 24-48 hours afterwards. They're now in withdrawal. If they tend to take more than they would have taken otherwise, then they're risk of death is higher. When you look at the total overdose data, their mortality rate is the same as a STEMI at the year mark. It's exactly the same. Consequently, not treating patients with substance abuse disorders is the same as leaving that STEMI patient for a year and then saying, "I hope you didn't die." Dr. Morgan stated that if our role is to reduce death in that first 30-day period, we have a huge window here to make a big impact.

Mr. Ford related that when EMS providers have an unconscious patient who has overdosed, they titrate to respiration. Very rarely do they wake them up to have a conversation. He feels extra training may be required to converse with this subset of patients, and this may result in long-term planning for a 10-minute patient interaction that usually takes place with a hospital caseworker. Dr. Morgan reiterated that the patient has to be awake enough to be given BUP. Dr. Leduc noted that an important part is knowing when to give BUP because they need to actually be in withdrawal. Therefore, we can't administer BUP after administering Narcan. Chief Simone stated that the individual needs to be cognitive enough to comprehend what's going on AND agree to be given the medication. Both components need to be in place before BUP can be administered. Giving BUP in the field isn't the problem. The problem is the follow-up at the receiving facility. Without the appropriate follow-up it's a waste. Ms. Jessop noted that in some patients, there's so much stigma around the disease that they don't even know what their options are, especially when they're actively using, actively in withdrawal, or craving. At that point it's almost impossible to really think clearly about how to navigate those options.

The committee discussed the cost of the medication. The per dose cost is under $5. Dr. Morgan stated the medical response dollars won't pay for the medication, but a number of different entities will pay for the training. She has worked with EMS Bridge, funded by the Opiate Response Network. So, there is support nationally for the training component. Dr. Barnum noted we're sort of in a post-Narcan era, and we're seeing a lot more patients in the emergency departments, along with increased recidivism in that patient population, so he feels we need to do something in addition to just Narcan catch-and-release. He stated there is a huge interest in this program, and he is optimistic with the political will to address this national crisis. We now have the back-end infrastructure we've never had in the past; the addiction fellowship is starting to generate addiction doctors who are staying in the community. And we will now have referral resources which allows us to provide that package to the EDs so we can get buy-in. He stated that as an emergency physician, if you hand him a package to present to patients tied up with a bow, then there is going to be buy-in. If you tell him he has to create his own process and packaging, and there's going to be heavy lifting involved, then the buy-in will be much more difficult. He feels EMS is an appropriate entry point for the patient, especially given the critical nature of this crisis in our community. Dr. Morgan agreed that these patients are presenting with a constellation of symptoms. We have a medication that is a first-line agent, with a massive amount of evidence-based practice behind it, to treat the symptom. It has nothing to do with stigma. It has nothing to do with moral failings. We have a medication to

treat the symptoms of a disease and make somebody feel better and give them a better chance at living. This is a public health crisis, and EMS is huge part of public health, and we have a duty to act.

Dr. Morgan presented the Bridge Buprenorphine (Bup) Field Start Protocol to utilize as the framework for creating our own protocol. It includes the COWS (Clinical Opioid Withdrawal Scale). Hennepin County simplified the protocol by providing a QR code you can scan to get the COWS score calculator. She stated she will create a draft protocol for discussion at the next meeting. She will also try to get a couple EMS providers from Hennepin County to speak to the committee. The committee agreed to meet again in November.

D. Discussion and Recommendation to Approve the Addition of a Restraints Protocol - Tabled

VII. BOARD REPORTS

None

VIII. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

IX. 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 regarding items listed on the agenda. Seeing no one, she closed the Public Comment portion of the meeting.

X. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 10:02 a.m.