



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

March 13, 2024 – 9:00 A.M.

MEMBERS PRESENT

Kelly Morgan, MD, Chair
Mike Barnum, MD, AMR
Jared Eldred, MD, NLVFD (Alt)
Shannon Ruiz, PharmD
Michael Whitehead, AMR
Derek Cox, LVFR

Michael Holtz, MD, CCFD
Chief Kim Moore, HFD
Chief Jennifer Wyatt, CCFD
Chief Shawn Tobler, MFR
John Osborn, CA

MEMBERS ABSENT

Troy Biro, Guardian Flight
Samuel Scheller, GEMS
Joshua Barrone, BCFD
Sydni Senecal, OptimuMedicine

Alicia Farrow, Mercy Air
Chief Stephen Neel, MVFD
Jim McAllister, LVMS

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Med. Director
Rae Pettie, Recording Secretary

Laura Palmer, EMSTS Supervisor

PUBLIC ATTENDANCE

Sandra Horning, MD
Kady Dabash-Meininger
Tricia Klein
Scott Rye
Sarita Lundin

Todd Ford
Brian Young
Lindsey van der Laan, MD
Thomas Vince

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 via teleconference and 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 pertaining to items listed on the agenda. Seeing no one she closed the public comment portion of the meeting.

II. CONSENT AGENDA

Dr. Morgan stated the Consent Agenda consists of matters to be considered by the DDP 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.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: February 7, 2024

A motion was made by Dr. Holtz, seconded by Chief Moore, and carried unanimously to approve the Consent Agenda as written, with the amendment that Dr. Jared Eldred was present at the meeting.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion and Approval of Recommendation to Revise the Behavioral Emergency Protocol

Dr. Holtz presented the “Improved Montgomery County Richmond Agitation Sedation Scale (IMC-RASS)” which gives a numerical score for EMS specific criteria to categorize different levels of patient agitation. He presented a revised draft Behavioral Emergency protocol where he replaced the current three branches related to “threat of harm” with the new scale descriptions. He noted that he also increased the Droperidol dose and expanded the pearls section. He asked whether the EMS agencies are currently giving Droperidol. The overall response was that only the CCT units are carrying the medication. Mr. Ford noted that the crews are giving Ketamine for pain management, so they don’t see the need to add Droperidol to the EMS inventory. The doctors in attendance all agreed that Droperidol is a great medication. It’s effective, affordable, and works better than Ketamine, with fewer issues.

The committee agreed to table the discussion until the next meeting.

B. Discussion and Recommendation to Approve the Addition of Buprenorphine to Formulary and Protocol – Tabled

C. Discussion and Approval of Recommendation to Revise the Adult and Pediatric Heat-Related Illness Protocol

Dr. Barnum stated there is a wealth of literature related to cold water immersions. He reported the Clark County School District (CCSD) in cooperation with the Nevada Interscholastic Activities Association is adopting a policy for its Certified Athletic Trainers (ATCs) regarding management of exertional heat stroke (EHS). The preferred method of activate cooling is Cold Water Immersion (CWI) until the core temperature is reduced to 102.2°F (39°C). Removal of a patient from appropriate CWI prior to achieving this temperature risks delays in adequate cooling. Dr. Barnum noted that our EMS providers do not currently take rectal temperatures, which is the only reliable method to monitor the effectiveness of cooling. He stated CCSD, although they don’t have jurisdiction over EMS, is cautioning EMS agencies responding to CCSD emergencies not to remove patients who are being appropriately cooled with CWI, except when required to manage other problems such as airway, dysrhythmia, etc. EMS should not transport the patient until they reach 102.2°F (39°C) due to the inability to continue vigorous cooling in the ambulance. Dr. Barnum stated the general time frame for CWI is usually less than an hour. Mr. Ford noted he learned from his research that an adult with a starting temperature of 110°F can be cooled in 15-20 minutes. Pediatric patients would actually be less than that, and if rectal temperatures are not available, then to cool until the patient begins shivering. Once shivering occurs, that’s usually the time frame that they can be removed. The caveat is that they need to be treated if they are hemodynamically unstable or seizing. If they’re unconscious you’re going to have airway and hemodynamic issues.

A motion was made by Dr. Barnum, seconded by Dr. Holtz, and carried unanimously to make the following revisions to the pediatric and adult Heat-Related Illness protocol:

1. Add a box under “Active cooling measures” that states, “Continue Cold Water Immersion if appropriately initiated.”
2. Add a pearl that states, “Cold Water Immersion (CWI) is the preferred method of active cooling. Some providers such as Certified Athletic Trainers (ATCs) and event medical personnel are prepared to initiate CWI prior to EMS arrival. These patients should not be removed from CWI prior to their rectal temperature reaching 102.2°F (39°C) or mental status returns to baseline unless required to manage other emergent issues such as airway.”

D. Discussion and Approval of Recommendation to Revise the Adult Bradycardia Protocol

Mr. Ford referred the committee to the draft revised adult Bradycardia protocol. He explained the protocol was streamlined to differentiate stable vs. unstable, with or without high grade AV block.

A motion was made by Mr. Ford, seconded by Chief Tobler, and carried unanimously to accept the draft revisions to the adult Bradycardia protocol, including revising the Atropine dose to read, "May repeat Atropine 1mg IV/IO q3-5 min, total max dose 3mg."

E. Discussion and Approval of Recommendation to Revise the Pediatric Allergic Reaction Protocol - Tabled

F. Discussion and Approval of Recommendation to Revise the Pediatric Drowning Protocol

A motion was made to eliminate the Pediatric Drowning protocol with the caveat that the committee will add a pearl to specifically address drowning to the Pediatric Cardiac Arrest protocol at the next meeting.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Discuss Survey on Drug/Device/Protocol Priority List - Tabled

V. SECOND PUBLIC COMMENT

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Chief Wyatt noted that CCFD has scheduled a meeting with the Las Vegas Metropolitan Police Department to discuss the issue of covering a dead body on scene.

VI. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 10:59 a.m.