

PROTOCOLS, MEDICATIONS AND DEVICES

November 8, 2007

150 North 18th Avenue, Suite 540-A

Phoenix, Arizona

MEMBERS PRESENT:

John Gallagher (Committee Chair)

Janine Anderson

Terry Shine

Terence Mason

MEMBERS ABSENT:

Charles Finch

Marc Holyfield

Sue Kern

Rob Jarvis

By Teleconference:

Patricia Ellis

Steven Curry

Bruce Toliver

ADHS Staff

Terry Mullins

Ed Armijo

Joel Bunis

Vicki Conditt

Maria Herbert

Traci Alexander

I. CALL TO ORDER

The PMD meeting was called to order at 1:04 p.m. A quorum was present.

II. DISCUSS/AMEND and APPROVE MINUTES OF MAY 17, 2007

A motion was made by Bruce Toliver and seconded by Janine Anderson to accept the minutes of May 17, 2007 with corrections. **Motion carried.**

III. REPORTS

A. Chairman's Report

B. Bureau Chief's Report

Terry Mullins gave a Bureau update - currently working with the four EMS regions on three projects:

- Develop a core set of data elements along with their definitions and reporting criteria so that the Bureau can begin collecting Emergency Medical Services data, a portion of which will also be submitted to the NEMSIS National Databank; this project will be worked on for at least the next year and is open to volunteers.
- Revise 1995 Triage, Treatment, & Transport Protocols and possibly move a component of that into rule. This will be accomplished by working with the four EMS regions and looking at existing protocols to determine what needs to be updated to develop a general statewide protocol while allowing the four regions to maintain their individual separate protocols.
- Working with the regions to identify the universe of administrative medical directors that are in existence both on the ambulance side, whether it's ground or air and EMS training programs and base hospitals

IV. DISCUSSION AND ACTION ITEMS

A. 2008 Meeting Calendar

It was verified that the dates of February 7, May 15, and November 13, 2008 were acceptable dates for the next Protocols, Medications and Devices (PMD) Committee meeting.

B. LMA as an approved Airway Device for EMT-I (99)s and EMT-P

Mullins stated Bureau researched to see if the LMA is an approved device by NHTSA National Standard Curricula and National Registry as well as researching Bureau's statutes and found that a specific rule already existed for the EMT (I-99) and EMT (P) curricula which means it's already an approved device.

C. USDOT list of Drug Classifications

Brian Smith reported changes in the rules to vaccination programs that were done and that immunization agents may not have been in the EMT (I-99) curriculum.

D. Revision of Drug Profile for Epinephrine HCl

Brian Smith reported dosages were outdated and don't match the new 2005 AHA guidelines for use in cardiac arrest situations; he also stated that there was a recommendation under Anaphylaxis to use the IM route over the subcutaneous route. Smith stated he updated the profile to coincide with 2005 guidelines using ACLS and PALS practice manuals to arrive at dosages and classifications. He also added SVN administration for croup. He also stated there were a couple of IV infusion recommendations but he couldn't find current updates. Dr. Gallagher stated there was also a question about the table that read "**1 cc of 1:1000 = 1 mg and 10 cc of 1:10,000 = 1 mg**" from the previous meeting. Smith stated the 1:1000 should include 2 mg equating to 2 cc. This is for a minimum supply. Gallagher asked for a motion to accept revisions. Terry Mason accepted and Janine Anderson seconded.

Motion carried.

E. Draft Drug Profile for Ondansetron HCl – GD-087-PHS-EMS

Dr. Gallagher stated a motion was passed at the last meeting to remove the classification of Antiemetics from the ALS drug table, which includes removing Promethazine HCl and Prochlorperazine Edisylate from under the classification. Gallagher also reminded that it went to MDC and EMS Council but MDC did not have a quorum so a decision was not reached. Janine Anderson reminded the committee that the Ondansetron profile currently does not contain the changes that were discussed in the minutes. Brian Smith will update profile and then send to MDC with changes for further decision.

F. Draft Drug Profile for Promethazine – GD-088-PHS-EMS

Discussed in Item E.

G. Draft Drug Profile for Prochlorperazine Edisylate – GD-089-PHS-EMS

Discussed in Item E.

H. Draft Rulemaking to Repeal R9-25-501; adopt a new R9-25-501, and review and revise R9-25-503: Removal of Antiemetic Classification; Addition of Tuberculin to align with R9-25-501; Addition of Immunizing Agents; Allowing EMT-B to administer flu Vaccines

a and b. Removal of Antiemetic Classification & Addition of Tuberculin to align with R9-25-501

Maria Herbert, Rules Analyst, who replaced Sarah Harpring, explained that this item was back on the agenda because it was returned for corrections. The immunizing agent classification does not cover Tuberculin PPD or Tuberculin Purified Protein Derivative. Joel Bunis stated supply is currently available in 5 cc and 10 cc vials. The dose is .1 cc which equates to 50 doses and 100 doses respectively. Brian Smith stated this should be an optional agent. Dr. Curry asked who requested to do TB tests and Dr. Gallagher stated certain agencies would like to be able to administer TB skin tests because of a lack of access to a healthcare facility. Gallagher asked for a motion to add Tuberculin PPD to the list. Terry Mason motioned, seconded by Terry Shine. Janine Anderson was opposed. **Motion carried.**

c. **Addition of Immunizing Agents**

Currently, the minimum supply listed under immunizing agents is none. There is a request to change minimum supply to optional. Gallagher asked for motion to add immunizing agents as an optional agent to the list. Terry Mason motioned; seconded by Terry Shine. **Motion carried.**

d. **Allowing EMT-B to administer flu vaccines**

Dr. French from Maricopa County Health Department spoke to the Committee about allowing EMTs to administer flu vaccines and creating a training program for such. Dr. Gallagher stated the purpose of this would be to enable the administration of vaccine to a larger population. Janine Anderson had concerns about basic EMTs administering vaccinations because of their limited amount of training. Dr. Gallagher stated that they do have EPI auto injectors but this would be basically for rural areas and for those moments when a lot of vaccines need to be administered in a short period of time. Terry Mason expressed concern in keeping EMT (B)s trained once they are initially trained to do the vaccinations. Joel Bunis expressed concern about the lack of on-line medical control for EMT-(B)s. Dr. Gallagher asked for motion to add administration of flu vaccine as an optional skill to EMT-(B)'s scope of practice. Terry Shine motioned; seconded by Terry Mason. Janine Anderson opposed. **Motion carried by voice count.**

Maria Herbert stated that changes on Page 20, 4H for 501A, *An EMT-I(99) or EMT-P may administer a tuberculin skin test after the EMT-I(99) or EMT-P has completed training in subsection (B)*, it was suggested that there was no way to prove training completed. Dr. Gallagher asked for a motion to add this to R9-25-501 which includes (e). Terry Mason motioned; seconded by Janine Anderson. **Motion carried.**

Bruce Toliver was unable to continue with the meeting that would have maintained the quorum.

I. Drug Profile for Immunizing Agents

Nothing was discussed.

J. Use/Administration of Pralidoxime (2-PAM) and Atropine by all levels EMTs

Nothing was discussed.

K. Quick Clot

Nothing was discussed.

IV. CALL TO THE PUBLIC

Nothing was discussed.

V. SUMMARY OF CURRENT EVENTS

Nothing was discussed.

VI. ANNOUNCEMENT OF NEXT MEETING – February 7, 2008

VII. ADJOURNMENT

The meeting was adjourned at 1:57 p.m. for lack of quorum.

Approved by the PMD committee 2/07/2008