



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

June 3, 2026 – 9:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, Chair
Jessica Leduc, DO, HFD
Samuel Scheller, GEMS
Bryce Wilcox, LVMS
Chief Kim Moore, HFD
Chief Daylon Woolbright, CCFD
Kelly Morgan, MD, LVFD
Stephen DuMontier, DO, NLVFD

Chris Dobson, MW (Alt)
Michael Holtz, MD, CCFD
Mario Perkins, Guardian Flight
Sydni Senecal, Optimumedicine
Derek Cox, LVFR
Michael Whitehead, AMR
Jim McAllister, LVMS
John Osborn, CA

MEMBERS ABSENT

Chief John Lansing, NLVFD
Brandon Miles, Mercy Air
Nate Jenson, DO, MFR

Capt. James Whitworth, BCFD
Chief Ryan Thornton, MFR

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Laura Palmer, EMSTS Supervisor
Stacy Johnson, EMSTS Regional Trauma Coordinator
Kristen Anderson, EMSTS Program/Project Coordinator

Christian Young, MD, EMSTS Medical Director
Dustin Johnson, EMSTS Field Representative
Devin Atwood, Sr Admin Assistant
Edward Wynder, SNHD Legal Counsel

PUBLIC ATTENDANCE

Sandra Horning, MD
Dainel Llamas
Jon Wiercinski
Collin Sears
Tony Greenway
Kat Fivelstad, MD
Sarah Johnston
Nick Miles
Benjamin Ridenour
Braiden Green
Chrissy Banks
Todd Ford

Stacy Pokorny
Scott Rye
Armand Gonzalez
Andy Hernandez Mesa
David Obert, DO
Justin Peck
Cooper Long
Dylan Tindel
Carlos Esparza
Maddison Proctor
Tim Gundersen
Sofia Gonzalez

PUBLIC ATTENDANCE (cont)

Twitch Azathh
Casey Townsley
Tyler Clemons-Kailipaka
Matthew Dryden
Mark Calabrese
DaQuan Joseph
Eric Dievendorf

Jeremiah Singleton
Joshua LoMonaco
Deaundre Chames
Justin Pantoja
Ryan Young
Angelina Weisz
Thomas Welch

CALL TO ORDER AND ROLL CALL

The Drug/Device/Protocol (DDP) Committee convened via Teams on Wednesday, June 3, 2026. Chair Michael Barnum, MD, called the meeting to order at 9:03 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. Dr. Barnum noted that a quorum was present.

I. 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 (702) 907-7151 and entering access code 908 154 451#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on. To provide public comment over Teams please click on the hand icon to raise your hand during the comment period and wait to be called on.

II. FIRST PUBLIC COMMENT

A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) minutes per speaker. If any member of the Committee wishes to extend the length of a presentation, this may be done by the Chair or the Committee by majority vote. Seeing no one, the Chair closed the First Public Comment period.

III. ADOPTION OF THE June 3, 2026 AGENDA

A motion was made by Dr. Morgan, seconded by Dr. Davidson, and carried unanimously to adopt the June 3, 2026 Agenda as written.

IV. 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 by Committee Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes: April 1, 2026 Drug/Device/Protocol Committee Meeting

A motion was made by Dr. Morgan, seconded by Dr. Davidson, and carried unanimously to approve the April 1, 2026 minutes as written.

V. REPORT/DISCUSSION/ACTION

A. Discussion and Approval of the OB-Uncomplicated Childbirth Protocol

Dr. Barnum stated that the group is focusing their discussion on the portion of the protocol which states that the patients should be transported to the emergency department of the receiving facility for initial evaluation. He acknowledged that this has created some issues for some of the system facilities. Dr. Morgan stated that LVFR formed a work group with all of the major hospital groups that had labor and delivery units. The concern was for patients in extremis being taken to the ED rather than having crews getting stuck in long hallways or elevators. It appears that this discussion was somehow tied to all OB patients, and that was not the original intent. Jon Wycinski from HCA stated that the language changes from the last DDP meeting were helpful, but there is still some gray areas where providers are unsure where they need to go. Tony Greenway agreed, and asked if the language directing transport to the ER could simply be removed altogether. Dr. Barnum said this goes

back to the original issue. There is no singular point of contact, and multiple hallways which may need access cards et cetera. Dan Llamas agreed and said he feels that the onus lies on the facilities to assist. If more signage is helpful, it is an easy change. Sam Scheller stated that perhaps agencies need to reevaluate how they train their staff during orientation. He asked if there could be a place where hospital maps could be accessed, like the EMS app. It could be placed into the protocol manual, but updating the information becomes an issue. The suggestion was made to add this information to both the EMS app and the SNHD website on the list of receiving facilities. Mr. Llamas said it falls to the facilities to properly educate EMS crews on labor and delivery locations. The hospitals are community partners and need to collaborate with the agencies so that familiarity with a facility isn't an issue. Dr. Barnum suggested language that says patients can be transported to the emergency department based on the EMS assessment.

A motion was made by Dr. Morgan, seconded by Chief Woolbright, and carried unanimously to edit the last pearl on the OB-Uncomplicated Childbirth protocol to read, "Patients can be transported to the Emergency Department if appropriate based on the provider's assessment."

B. Discussion and Approval of Transport Destinations for Sexual Assault Patients

John Hammond stated that he had communications with hospital groups in the valley related to receiving sexual assault patients outside of UMC as stated in protocol. Both HCA and UHS have agreed to accept these patients. He has also reached out to the Dignity group but was having some challenges since they no longer have an EMS liaison. Chief Johnson from Henderson Fire is assisting with contacts at Dignity. Nevada HealthRight is willing to come out and do the necessary examinations, but MOUs need to be put into place for this to occur. Chris Dobson asked for language to be placed in protocol stating that crews cannot transport these patients to remote outpatient emergency departments, and Mr. Hammond said the language is already in protocol, as these patients meet a destination protocol, and their transport destinations are specified.

VI. BOARD REPORTS

No report.

VII. SECOND PUBLIC COMMENT

A period devoted to comments by the general public, if any, and discussion of those comments about matters relevant to the Committee's jurisdiction will be held. Comments will be limited to two (2) minutes per speaker. If any member of the Committee wishes to extend the length of a presentation, this may be done by the Chair or the Committee by majority vote.

Matthew Dryden said there may be an opportunity for some housekeeping in the forward of the protocol manual. Right now, the manual reads that nothing contained within the protocols is meant to delay rapid transport to a receiving facility. He has had crew members discuss during education that, although certain protocols discuss staying on scene and stabilizing like the Adult and Pediatric Cardiac Arrest protocols, and crews argue that they should be continuously loading and going. He submitted a suggestion of a potential language change in the notes of the meeting for consideration.

Dr. Barnum asked for any further comments. Seeing no one, he closed the Public Comment section.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:05 a.m.