MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

August 5, 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
Erik Grismanauskas, CCFD (Alt)
Kelly Morgan, MD, LVFD
Chief John Lansing, NLVFD
David Obert, DO
Jeff Davidson, MD, MW
Stacy Pokorny, MW (Alt)
Michael Holtz, MD, CCFD
Andrew Borkowski, CA
Sydni Senecal, Optimumedicine
Derek Cox, LVFR
Brandon Miles, MA
Chief Ryan Thornton, MFR
Nate Jenson, DO, MFR
Capt. James Whitworth, BCFD

MEMBERS ABSENT

Stephen DuMontier, DO, NLVFD

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Laura Palmer, EMSTS Supervisor
Edward Wynder, SNHD Legal Counsel
Christian Young, MD, EMSTS Medical Director
Dustin Johnson, EMSTS Field Representative

PUBLIC ATTENDANCE

Sandra Horning, MD
Jon Wiercinski
Kat Fivelstad, MD
Ashley Tolar
Ryan Tyler
Maddison Proctor
Troy Tuke
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 9:00 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. After roll call was held, 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 845 695 792#. 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. A comment was submitted online via email from Emily Hayes, Chair of the Commission for Accreditation of Birth Centers. EMSTS staff read the statement to the Committee and informed members that a copy of the statement is available upon request. Chair Barnum asked for any further public comment. Seeing no one, the Chair closed the First Public Comment period.

III. ADOPTION OF THE August 5, 2026 AGENDA

A motion was made by Dr. Holtz, seconded by Chief Lansing, and carried unanimously to adopt the August 5, 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: June 3, 2026 Drug/Device/Protocol Committee Meeting

A motion was made by Dr. Morgan, seconded by Dr. Holtz, and carried unanimously to approve the June 3,2026 minutes as written.

V. REPORT/DISCUSSION/ACTION

A. Discussion and Approval of Revisions to the General Pediatric Assessment Protocol

Dr. Sandra Horning said she developed the suggested changes to the General Pediatric Assessment protocol while working on pediatric continuing education. She added Jump S.T.A.R.T. triage to the triage section, as pediatric triage is a bit different from the typical triage plan used for adults. She also added the pediatric assessment triangle to both the algorithm and the Pearls. Derek Cox voiced his approval of the changes, especially the addition of the pediatric assessment triangle. Chief Lansing asked ig the TICLS pneumonic could be included with the assessment triangle as a reminder to providers. The group discussed suggestions to adjust items on the Pearls page so that was easier to view, including combining some of the pearls on sexual assault transports.
A motion was made by Dr. Morgan, seconded by Chief Lansing, and carried unanimously to accept the General Pediatric Assessment Protocol draft with the addition of the TICLS pneumonic to the Pediatric Assessment Triangle.

B. Discussion and Possible Development of Unsolicited Medical Direction Protocol

Dr. Morgan said that this item stems from the gray area of the role of midwives on a call in the 911 system versus interfacility transport. Dr. Fivelstad drafted a document to try and give some clarification in this recognized gap where they feel EMS providers may have questions regarding the authority of other medical professionals on scene. Dr. Morgan stated current laws and regulations are specific to physicians on the scene of an emergency, but it does not specify the role of medical professionals like APRNs or midwives. Dr. Morgan wants to provide clarity on the roles of other medical professionals on a 911 activation versus an interfacility call. Crews are unsure of where to find information if it is not in protocol. They do not know to look into Regulations for guidance, and they need a tool. Sam Scheller agreed, stating that he has similar issues at special events. Dr. Barnum asked if the group felt this was something that needed a change in Regulations. John Hammond reminded the group that regulation changes are not the purview of this particular body, and that regulation changes are a lengthy process. He said that he needs to meet with legal counsel and ensure compliance with both NRS and EMS Regulations. Dr. Barnum said it sounds like the action on this would be to direct staff to look at this item

further with legal counsel. He understands that there are some concerns from a few members of the community with what they perceive to be the best patient care, but both EMS Regulations and NRS specify that it is to be physicians involved with these decisions, so perhaps a change is needed at the legislature level. Erik Grismanauskas said his crews have had some problems with physicians who are appropriately credentialed coming on scene, directing patient care, and then refusing to accompany the patient to the hospital. He feels the regulations are vague and he would like some clarity for providers. Dr. Young agreed with the points that have been brought up, saying a location in the protocol manual would be easier to access for crews. He said no medical provider should be inserting themselves into the scene of an emergency unless their assistance was requested. He said this is more of a standard policy rather than a protocol and that each agency may have their personal take, but that they should all match what is in NRS and EMS Regulations. Mr. Hammond said a short-term solution would be to take what is currently in EMS Regulations and add an addendum in the protocol manual behind the MCI item that speaks to this while the minutiae are worked on. DR. Holtz agreed, and feels it's a good idea to have in protocol for the crews. There is room to put it in protocol, and he has some drafts that he would be willing to share with legal counsel for their thoughts. Dr. Morgan said part of the issue is that NRS is specific to physicians and does not mention other healthcare providers. Dr. Holtz felt that gives the committee some leeway to put further specifics into protocol, and Mr. Hammond reminded him that it cannot be in contradiction to NRS or EMS Regulations, which the current drafted item is. Dr. Barnum said he feels expansion of the providers under the regulations and NRS should be addressed at the legislative level. Dr. Morgan felt it was important to remember that the different pathways of how a call comes in, whether it is a 911 activation versus an interfacility request. Dr. Barnum acknowledged that historically, a physician trying to take charge of an EMS crew has been excessively rare, but it appears that there are now facilities working in this arena that are attempting to do just that on a more frequent basis, so this is not an issue that is going to simply resolve.
A motion was made by Dr. Morgan, seconded by Erik Grismanauskas, and approved unanimously for OEMSTS staff to evaluate the submitted draft for compliance with EMS Regulations and report back to the Committee at the next scheduled Drug, Device and Protocol Committee meeting.

VI. BOARD REPORTS

Dr. Holtz said the whole blood pilot program continues to be successful. Clark County Fire Department received an achievement award from the National Association of Counties for their program. He passed along his thanks to his entire team at CCFD as well as the teams at UMC and Vitalant. He requested that this item be added to the next Drug, Device and Protocol Committee agenda for system-wide protocol development. He understands that due to its complexity, the whole blood program cannot be mandatory, so the committee will need to develop a means of adding it to protocol. Sam Scheller discussed the concept of allowing paramedics to handle whole blood on interfacility transports to increase their exposure, as these transports are currently at the critical care level.

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

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 09:57 a.m.