

Draft Minutes of Meeting – Subject to Change Upon Approval by the Medical Advisory Board at their next regularly scheduled meeting



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

December 3, 2025 – 10:30 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD (Chair)
Kelly Morgan, MD, NVFD
Chief Kim Moore, HFD
Chief Daylon Woolbright, CCFD
Chief Shawn Tobler, MFR
Stephen DuMontier, DO, NVFD
Michael Whitehead, MW (Alt)
William Vance, AMR

Jessica LeDuc, DO, HFD
Chief Frank Simone, NVFD
Michael Barnum, MD, AMR
Nate Jenson, DO, MFR
Chief Stephen Neel, MVFD
Jeff Davidson, MD, MW
Randall Wilbanks, LVFR
Samuel Scheller, GEMS

MEMBERS ABSENT

Ryan Hodnick, DO, Moapa
Chief Jason Douglas, MCFD
Daniel Rollins, MD, BCFD
Capt. James Whitworth, BCFD

Scott Scherr, MD, GEMS
David Obert, DO, CA
Chris Fisher, MD, RTAB Rep.
Mark Calabrese, CA

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Edward Wynder, Associate General Counsel
Xavier Gonzales, PhD, CH Director
Kristen Anderson, EMSTS Program/Project Coord.

Laura Palmer, EMSTS Supervisor
Dustin Johnson, EMSTS Field Rep.
Roni Mauro, EMSTS Field Rep.
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD
Kady Dabash-Meiningen
Adam Olesen
Chris Dobson
Benjamin Hartnell
Spencer Lewis
John Recicar
Kimberly Escobar

Kat Fivelstad, MD
James McAllister
Victor Montecerin
Emily Keener
Bobbie Sullivan
Stacy Pokorny
Ashley Tolar

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, October 1, 2025. Chairman Michael Holtz called the meeting to order at 10:12 a.m. and stated the Affidavit

of Posting was posted in accordance with the Nevada Open Meeting Law. Some committee members joined the meeting by teleconference. Laura Palmer, EMSTS Supervisor, noted that a quorum was present.

DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS: Members of the public may attend and participate in the Medical Advisory Board meeting by clicking the link above or over the telephone by calling (702) 907-7151 and entering access code 453 321 436#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.

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. Holtz asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, he closed the Public Comment section of the meeting.

II. ADOPTION OF THE DECEMBER 3, 2025 AGENDA

A motion was made by Dr. Morgan, seconded by Chief Simone, and carried unanimously to adopt the December 3, 2025 Medical Advisory Board agenda.

III. CONSENT AGENDA

Dr. Holtz stated the Consent Agenda consists of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes September 3, 2025 and October 1, 2025 Medical Advisory Board Meeting

A motion was made by Chief Simone, seconded by Chief Tobler, and carried unanimously to approve the minutes for the September 3, 2025 and October 1, 2025 meetings.

IV. DISTRICT HEALTH OFFICER REPORT

No report.

V. REPORT/DISCUSSION/ACTION

A. Discussion of Nominations for Chair and Vice Chair of the Medical Advisory Board

Ms. Palmer reported there were two nominations received to Chair the MAB meetings for 2026: Dr. Holtz and Chief Frank Simone. No nominations received for the Vice Chair position. She noted the current Vice Chair is automatically nominated for the Chair position. Dr. Holtz withdrew his nomination.

A nomination was made by Dr. Morgan, seconded by Dr. LeDuc, and carried unanimously to accept Dr. Morgan as the 2026 Chair of the Medical Advisory Board.

A nomination was made by Dr. Morgan, seconded by Chief Moore, and carried unanimously to accept Chief Frank Simone as the 2026 Vice Chair of the Medical Advisory Board.

B. Discussion of Proposed Pilot Study for Traumagel

Christopher Dobson announced that AMR and MedicWest would like to start a pilot project utilizing Traumagel as an alternative hemostatic agent to control moderate to severe bleeding. He introduced Tyler Carruth, clinical manager at Cresilon, who gave an informative PowerPoint presentation to the Board. Mr. Carruth stated that Traumagel is a plant-based biopolymer flowable hydrogel used for the indication for moderate to severe bleeding from penetrating trauma. He stated the product was evaluated early-on by the army's surgical institute for surgical research. They were very interested because of the product's simplicity, speed of use, and its effectiveness. It was

initially utilized as a veterinary medicine product for working dogs. Traumagel has now been cleared by the FDA for external use for penetrating trauma.

KEY POINTS:

- A single-use, hemostatic bio-polymer gel
- Tan and opaque in color
- Indicated for moderate to severe bleeding from penetrating trauma
- Supplied as an individually pouched 30 mL hemostatic gel syringes
- Contains a naturally derived sodium alginate and poly (N-acetyl-D-glucosamine, D-glucosamine) hydrogel
- Enclosed in a protective foil pouch
- Terminally sterilized with gamma irradiation

KEY BENEFITS:

- Applied directly via syringe in seconds
- Removes the need to manually pack wounds
 - This removes the risk of incidental injury to fingers from bone shards, shrapnel, or bullet fragments within the wound
- Conforms to any wound geometry
- Remains a gel; Does not harden, expand, or release heat (non-exothermic)
- Easily removed with moist gauze followed by saline lavage

Mr. Dobson stated that AMR and MedicWest would like to begin the pilot program by placing Traumagel on some of their transport vehicles utilized by field training officers. They will collect the relevant data, i.e. how often Traumagel is used, call types, cost, and its effectiveness, and report their findings back to the MAB. Dr. Morgan asked about the shelf life. Mr. Carruth replied it is currently two years, and they're currently working towards a 3+ years shelf life.

The Board discussed the need to obtain buy-in from the trauma centers since they will be receiving those patients. Mr. Carruth noted that the beauty of Traumagel is that it's easy to remove. It's non-porous, so the clot and gauze that incorporate into that clot doesn't adhere to it, so the clot remains undisturbed. He stated he would be willing to meet with the medical directors /trauma surgeons for a peer review.

The Board agreed to table this agenda item to allow both the Trauma Medical Audit Committee and Regional Trauma Advisory Board to provide feedback to the MAB prior to moving forward.

C. Committee Report: Education Committee (12/03/2025)

1. Discussion of Formalization of Education on Neonatal Resuscitation - Tabled
2. Discussion of Recertification Hours and Categories - Tabled
3. Discussion of Paramedic Mentorship/Internship Program

Ms. Palmer stated the following revisions to the Paramedic Mentorship/Internship Program were approved at the DDP meeting earlier that day:

Phase I – Coaching Phase: Revised to reflect a 70% success rate throughout, as opposed to the previous 80% success rate.

Optional Phase – Extension: Revised to reflect a 70% success rate as opposed to the previous 80% success rate.

Phase II – PARAMEDIC Competency Phase: Language in the 5th bullet point revised to read, "The Final major evaluation period will occur at the completion of this phase and will be documented using the *SNHD Internship Major Evaluation Form*. Successful completion of this phase requires a satisfactory rating of 80% in all categories, including overall, based on the most recent 20 ALS contacts or scenarios."

A motion was made by Chief Simone, seconded by Chief Neel, and carried unanimously to approve the Paramedic Mentorship/Internship Program with the above revisions.

D. Committee Report: Drug/Device/Protocol Committee (12/03/2025)

1. Discussion of Nominations for Chair and Vice Chair of the Drug/Device/Protocol Committee

Dr. Morgan reported that Dr. Barnum was approved as the new Chair, and Dr. LeDuc as the new Vice Chair.

2. Discussion and Approval of Changes to Protocol and Scope of Practice with the Addition of the Emergency Medical Responder (EMR) Level of Certification

Dr. Morgan reported the DDP approved the EMR curriculum as outlined by the OEMSTS. She stated it was identified that they need to remove “EMR to provide oxygen and to ensure SpO2 >94%” from all affected protocols since the interpretation of pulse oximetry is not included in the curriculum. The agreement was to approval the proposal to certify/license EMRs in our system before discussing an augmentation of the skill set.

A motion was made by Dr. Morgan, seconded by Dr. Barnum, and carried unanimously to accept the EMR rubric outlining the approved skills and corresponding protocols, with the exception that protocols that note SpO2 >94% will be monitored at the EMR level will revert to the EMT level.

3. Discussion and Approval of Changes to the Pediatric Behavioral Emergency Protocol

Dr. Horning referred the Board to the Pediatric Behavioral Emergency Protocol and stated that recommended revisions were made by Dr. Horning. ‘

A motion was made by Dr. Morgan, seconded by Dr. Barnum, and carried unanimously to approve the draft Pediatric Behavioral Emergencies protocol with the following revisions:

1) Under “Persistent risk with IMC-RASS of +3 or +4” add language to state the child needs to be greater or equal to six years of age; and.

2) Remove “Consider cardiac and ETCO2 monitoring” from the Pearls and replace it with “Droperidol should be considered the first-line agent.”

Dr. Morgan noted the DDP had a discussion on whether to remove the differential boxes that refer to history and signs/symptoms out of the protocol manual and label it as “educational.” The committee asked for further direction from the MAB.

A motion was made by Dr. Morgan, seconded by Dr. Holtz, and carried unanimously to refer the above noted discussion to remove the differential boxes from all affected protocols back to the DDP.

4. Discussion of the Use of Amiodarone and Lidocaine in Protocol and Formulary - Tabled

5. Discussion of the Use of Ketamine in Refractory Status Seizure - Tabled

6. Discussion of the Development of a Refusal of Care Protocol and Patient Capacity to Refuse Care - Tabled

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update - No report

B. QI Directors Committee Update

Dr. Young reported the committee is going back to hearing case presentations, and there are no major updates or concerns to report.

C. Report from State EMS

Ms. Sullivan thanked the OEMSTS for assisting her staff during their last visit to Clark County. She stated that one of her staff members is currently attending an AHA Training Conference in Arizona. He will be providing an update at their next Advisory Committee meeting scheduled for December 10th. The State office will be

travelling to Las Vegas to inspect the first non-emergency secure behavioral health transport company. The company has completed all requirements and Ms. Sullivan hopes to have them permitted and fully operational in Clark County.

D. Emerging Trends - No report

VII. BOARD REPORTS

No report.

VIII. 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. Holtz asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, he closed the Public Comment section of the meeting.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:56 a.m.