



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
MEDICAL ADVISORY BOARD (MAB) MEETING

April 1, 2026 – 10:30 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD (Chair)
Kat Fivelstad, MD, LVFD (Alt)
Chief Kim Moore, HFD
Stephen DuMontier, DO, NLVFD
Chief Ryan Thornton, MFR
David Obert, DO, CA
Michael Whitehead, MW (Alt)
Riley Furman, AMR (Alt)

Jessica LeDuc, DO, HFD
Chief Frank Simone, NLVFD
Michael Barnum, MD, AMR
Chief Daylon Woolbright, CCFD
Capt. James Whitworth, BCFD
Derek Cox, LVFR (Alt)
Samuel Scheller, GEMS
Jeff Davidson, MD, MW

MEMBERS ABSENT

Ryan Hodnick, DO, Moapa
Chief Jason Douglas, MCFD
Daniel Rollins, MD, BCFD
Nate Jenson, DO, MFR

Scott Scherr, MD, GEMS
Chief Stephen Neel, MVFD
Deborah Kuhls, MD, RTAB

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.
Stacy Johnson, Regional Trauma Coord.
Devin Atwood, Sr Admin Assistant

PUBLIC ATTENDANCE

Sandra Horning, MD
Jim McAllister
Jessica Johnson
John Pope
Stacy Pokorny
Brandon DeLise
Elisabeth Adelman
Brett Olbur
Cade Grogan
Colin Sears
Aaron Goldstein
Treva Palmer

Maya Holmes
Jacques Graham
Bobbie Sullivan
Erik Grismanauskas
Kevin Haywood
Mario Perkins
Jonathan Wiercinski
Sarita Lunkin
John Osborn
Juestin Peck
Rebecca Carmody
Sheri Stucke

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, April 1, 2026. Vice Chairman Frank Simone called the meeting to order at 10:35 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All 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 339 580 351#. 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. Chief Simone asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, the first period of public comment was closed.

II. ADOPTION OF THE April 1, 2026 AGENDA

A motion was made by Dr. Barnum, seconded by Dr. Davidson and carried unanimously to adopt the April 1, 2026 Medical Advisory Board agenda.

III. CONSENT AGENDA

Chief Simone 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.

A. Approve Minutes February 4, 2026 Medical Advisory Board Meeting

A motion was made by Dr. Barnum, seconded by Dr. Davidson and carried unanimously to approve the minutes for the February 4, 2026 meeting.

IV. DISTRICT HEALTH OFFICER REPORT

No report.

V. REPORT/DISCUSSION/ACTION

A. Discussion of Southern Nevada Post Overdose Response Team (SPORT)

Brandon DeLise, SNHD Epidemiologist, introduced Jessica Johnson and Elizabeth Adelman from the SNHD Office of Disease Surveillance to the Board. Ms. Johnson explained that overdose events create an opportunity to connect survivors and sometimes their friends or family members to services for support such as substance use treatment, overdose prevention services, and behavioral health counseling. The initial responders from law enforcement and EMS must focus on scene safety and initial patient stabilization, so they may not have the time or resources to provide a more in-depth access to support resources. The Southern Nevada Health District used their disease investigation intervention specialists as a framework for a response model for these cases. They were able to create a 24/7 response team that focuses on rapid follow-up coordination with first responders to assist in connecting overdose survivors to support networks to reduce the risk of future overdose.

The SPORT team is supported through the Bureau of Justice Assistance Comprehensive Opioid Stimulant and Substance Use Program, or COSEP grant. It helps fill the gap between first responders and long-term care for these individuals. This program is unique because of the use of disease investigation specialists and intervention

specialists who are highly skilled in interviewing, de-escalation, and problem solving and who work with individuals who have complex social needs. By applying these skills to overdose response, SPORT can build trust and follow-up for individuals who are experiencing overdose. The team has 24/7 staffing to identify needs and assist in connection with available resources in the valley. The SPORT team has a strong staff capacity to respond, an established referral protocol, and has been able to deliver relatively quick response times, but the program has not been without its challenges. The biggest obstacle seems to be consistent referrals. The team would love to increase their opportunity to connect with those people who could benefit from their assistance. They are looking for opportunities to partner with EMS and getting their information out to a wider audience. Ms. Johnson offered to share her presentation as well as support materials to all interested parties and stated that she and her team are more than happy to discuss opportunities for MOUs to formalize referral pathways with local agencies.

B. Committee Report: Education Committee (04/01/2026)

The Education Committee was cancelled due to a lack of quorum.

C. Committee Report: Drug/Device/Protocol Committee (04/01/2026)

1. Discussion and Approval of the General Adult Assessment Protocol

Dr. Barnum stated that the committee included a Pearl in this protocol which stated that EMS is to consider oxygen administration for suspected cardiac chest pain when the oxygen saturation is less than 90%.

A motion was made by Dr. Davidson, seconded by Dr. Holtz and carried unanimously to approve the addition of the following Pearl to the General Adult Assessment Protocol:

- a. *“Consider oxygen administration in patients with cardiac chest pain when oxygen saturation is below 90%”*

2. Discussion and Approval of the Non-Invasive Positive Pressure Ventilation Protocol

Dr. Barnum asked Dr. Holtz to address this item. Dr. Holtz stated this is a brief amendment to the current protocol to bring it in line with recent changes that were made to the Pediatric Respiratory Distress protocol. The group voted to remove language that referred to a patient being 18 or older, and also made the change to indicate that NIPPV may be performed on any patient with pneumonia, CHF, or respiratory distress with bronchospasm.

A motion was made by Dr. Barnum, seconded by Dr. Holtz and carried unanimously to make the following changes to the Non-Invasive Positive Pressure Ventilation Protocol:

- a. *Removal of the phrase “18 years or older”*
- b. *Under Indications, change the phrase “and pneumonia” to “or pneumonia”*

3. Discussion and Approval of the Adult Respiratory Distress Protocol - Tabled

4. Discussion and Approval of the Pediatric Respiratory Distress Protocol - Tabled

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

Dr. Barnum stated that Henderson Fire withdrew their proposal. He thanked Henderson Fire for bringing this item forward and acknowledged that the issue may come forward again at a future date.

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

Dr. Barnum said the group had a lively discussion on this issue, and while it has not been completely resolved by the committee, a minor change to language was made.

A motion was made by Chief Woolbright, seconded by Dr. Davidson and carried unanimously to make the following change to the Pearls in the OB-Uncomplicated Childbirth Protocol:

- a. *Remove the word “adult” from the phrase “Adult Emergency Department”*

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

Dr. Barnum deferred to John Hammond to update the Board on this item. Mr. Hammond stated that there have been changes in the medical clearance forensic examinations and the organization that is now conducting these exams. He does not want to make official changes in the destination protocol until facilities have the opportunity to join in MOUs with the forensic examination organization. In the meantime, EMS can follow the protocol or follow patient request and complete a protocol deviation.

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Chief Woolbright said the ED/EMS Committee received a presentation from MedicWest and AMR on TraumaGel. The agencies were cleared to begin a pilot using this tool on March 4th and will be updating the Board on the pilot as it progresses. Upcoming large special events include EDC in May, with an expected attendance of over 200,000 per night.

B. QI Directors Committee Update

Dr. Young reported that the committee will begin reviewing pilot programs as standing items on the QI agenda.

C. Report from State EMS

Ms. Sullivan reported the state released a standardized set of base protocols as a suggestion for the agencies they oversee. They are also working on business impact statements for the administrative changes they plan to make to NAC 450B and will be setting up a public hearing for that. Ms. Sullivan also addressed the communication that was sent out about the need for agencies that are not hospital-based to set up their own DEA license separate from their medical direction. The State has been in talks with the Nevada Board of Pharmacy to discuss this and has discovered that Nevada's legal code does not support this language. To move forward on this item would require a change to one line of regulation, and that would have to occur in the next legislative session.

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. Brett Olbur from Las Vegas Recovery Hospital announced that they are the only acute care substance abuse inpatient hospital that treats not only substance abuse but also their related medical conditions. They have recently completed their final survey and are an accredited acute care hospital. They are now moving forward to satisfy the required benchmarks so that they can be a destination for EMS. He will update the Board as this changes.

Chief Simone asked if anyone else wished to address the Board. Seeing no one, he closed the Public Comment section of the meeting.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:13 a.m.