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

June 3, 2026 – 10:30 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD
Kelly Morgan, MD, LVFR (Chair)
Chief Kim Moore, HFD
Stephen DuMontier, DO, NLVFD
Mark Calabrese, CA
David Obert, DO, CA
Michael Whitehead, MW (Alt)
William Vance, AMR
Jessica LeDuc, DO, HFD
Chief Frank Simone, NLVFD
Michael Barnum, MD, AMR
Chief Daylon Woolbright, CCFD
Jeff Davidson, MD, MW
Chief Randall Wilbanks, LVFR
Samuel Scheller, GEMS

MEMBERS ABSENT

Ryan Hodnick, DO, Moapa
Chief Jason Douglas, MCFD
Daniel Rollins, MD, BCFD
Nate Jenson, DO, MFR
Scott Scherr, MD, GEMS
Capt. James Whitworth
Deborah Kuhls, MD, RTAB
Chief Ryan Thornton, MFR

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Edward Wynder, Associate General Counsel
Cassius Lockett, PhD, District Health Officer
Kristen Anderson, EMSTS Program/Project Coord.
Xavier Gonzalez, PhD, Director Community Health
Laura Palmer, EMSTS Supervisor
Dustin Johnson, EMSTS Field Rep.
Stacy Johnson, Regional Trauma Coord.
Devin Atwood, Sr Admin Assistant
Roni Mauro, EMSTS Field Rep.
Jacques Graham, Admin Specialist

PUBLIC ATTENDANCE

Justin Peck
Jon Wiercinski
Collin Sears
Chris Dobson
Joseph Miller
Stacy Pokorny
Kat Fivelstad, MD
Todd Ford
Matthew Dryden
Lisa Rogge
Eric Dievendorf
Andria Cordovez Mulet
Bryce Wilcox
Oscar Monterossa
Maddison Proctor
Braiden Green
Ryan Tyler
Chrissy Banks

DRAFT

I. CALL TO ORDER – NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened via Teams on Wednesday, June 3, 2026. Chair Morgan called the meeting to order at 10:30 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 152 284 474#. To provide public comment over the telephone, please press *5 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 Board wishes to extend the length of a presentation, this may be done by the Chair or the Board 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. Holtz, seconded by Dr. Davidson and carried unanimously to adopt the June 3, 2026 Medical Advisory Board agenda.

IV. CONSENT AGENDA

Dr. Morgan 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 April 1, 2026 Medical Advisory Board Meeting

A motion was made by Dr. Obert, seconded by Sam Scheller and carried unanimously to approve the minutes for the April 1,2026 meeting.

V. DISTRICT HEALTH OFFICER REPORT

Dr. Lockett presented an update on the spreading of the Ebola virus. He said the virus spreads through direct contact with blood or bodily fluids, and that it takes a very small dose to spread. It is thought that burial practices handling the deceased are among the practices causing it to spread. Currently, according to the World Health Organization there are 116 suspected cases, with confirmed cases at 344 and reported deaths at 60. Uganda has fewer cases, and their cases are mostly associated with cross-border travel from the Democratic Republic of Congo. The concern for the United States is travel into US airports. There were similar concerns ten years ago with the previous Ebola outbreak. At that time, the US had five screening airports. Today, we currently have four, with Dulles in Washington, D.C., Atlanta, Houston, and JFK in New York. They are screening travelers from the Democratic Republic of Congo, Uganda, and South Sudan. Currently, the Southern Nevada health District Acute Communicable Disease team is conducting surveillance on four Clark County residents and are prepared to see that number increase and do more as needed. The Southern Nevada Public Health Lab has the capacity to test up to twenty people per day. SNHD has already met with local emergency preparedness leaders and Clark County Emergency Management this week to review emergency plans. A tabletop exercise involving EMS, healthcare facilities, local resorts, and other partners to prepare. If a patient does turn positive, they would be flown by fixed wing to Cedars-Sinai Hospital in Los Angeles for further treatment, as they are the containment facility for our region, Region 9. He discussed the use of 911 public safety PSAP as a screening point to capture history information, travel history, and any systems. They are already making plans for PPE needs for pre-hospital professionals. They are reaching out to local facilities to see what they feel able to handle. Everyone is revisiting plans for decontamination, whether it's equipment, rigs, EMS uniforms, personnel, whatever is needed for the workers. More meetings are planned, but he feels that Clark County is ready and has taken the measures necessary for its citizens. Dr. Morgan thanked Dr. Lockett for his report and offered to assist with the PSAP portion of the preparedness plan if needed.

VI. REPORT/DISCUSSION/ACTION

A. Discussion of Destinations for Adult Sexual Assault Patients

John Hammond stated that he has reached out to local hospital groups to request their capacity in handling adult sexual assault patients. Both HCA and UHS groups have agreed to accept these patients, as has UMC. While they do not have nurses on staff able to perform the needed forensic examinations, they have all partnered with Nevada HealthRight. Medical clearance screenings will be performed in the emergency room, and then the patients will be routed to Nevada HealthRight for further examination and care. He is waiting for further word from North Vista Hospital and the Dignity facilities as to their capabilities and will update the protocol as soon as he receives word. Dan Llamaas from Sunrise has advised that their facility will continue to accept pediatric sexual assault patients as per protocol.

B. Committee Report: Education Committee (06/03/2026)

1. Discussion of the SNHD Mentorship Program – Tabled
2. Discussion and Approval of Education on the Pediatric Behavioral Emergency Protocol

   Mr. Dryden noted this item was approved without changes.
3. Discussion and Approval of Education on the Chest Pain (Non-Traumatic) and Suspected ACS/STEMI Protocol

   Mr. Dryden noted the group added two emphasizing points. The first point stated that Ketamine is not to be used for cardiac chest pain. Point number two acknowledged that Nitroglycerin is not the first line medication for the relief of chest pain, and that Morphine or Fentanyl should be considered.
4. Discussion and Approval of Education on Adult Cardiac Arrest Protocol

   Mr. Dryden noted this item was approved without changes.
5. Discussion and Approval of Education on the Pediatric Cardiac Arrest Protocol

   This item was approved without changes by the Education Committee.
6. Discussion and Approval of Education on the Pediatric Respiratory Distress Protocols

   Mr. Dryden stated this education was approved with the addition of two emphasizing points. First, intramuscular Epinephrine should be reserved for patients in extremis as evidenced by severe fatigue, altered level of consciousness, silent chest, or cyanosis and given in conjunction with other bronchodilator treatment as indicated in protocol. Secondly, lethargy secondary to hypoxia does not indicate altered mentation. If the patient is able to follow simple commands, non-invasive positive pressure ventilation is indicated.
7. Discussion and Approval of Education on Adult Respiratory Distress Protocols

   Mr. Dryden noted this item was passed without changes.
8. Discussion of Pediatric Continuing Education Course

   Mr. Dryden stated that Dr. Horning put together a continuing education program focusing on pediatrics for all agencies to utilize, and that no action was needed by the committee.

   Dr. Morgan asked for approval of all Education Committee items as one motion.

   A motion was made by Dr. Barnum, seconded by Dr. Obert, and carried unanimously to approve all education as deemed appropriate by the Education Committee and as referenced in their meeting minutes.

C. Committee Report: Drug, Device, and Protocol Committee (06/03/2026)

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

   Dr. Barnum acknowledged that several months of work have gone into refining the language in the Pearls for the OB-Uncomplicated Childbirth protocol. The final pearl will now read, “Patients can be transported to the Adult Emergency Department if appropriate based on the provider’s assessment.”

   A motion was made by Dr. Obert, seconded by Chief Simone, and carried unanimously to approve the

change to the Ob-Uncomplicated Childbirth protocol as stated in the Drug, Device, and Protocol Committee meeting minutes.

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

   Dr. Barnum stated this item was discussion only and that no further action is needed by the Board.

VII. INFORMATIONAL ITEMS/ DISCUSSION ONLY

a. ED/EMS Regional Leadership Committee Update

   No report.

b. QI Directors Committee Update

   Dr. Young reported that the committee is reviewing case presentations and incorporating standing reports on both the Blood pilot program and the TraumaGel pilot program.

c. Report from State EMS

   No report.

d. Emerging Trends

   Dr. Morgan stated that she has had some interesting discussions that she is going to refer to the QI Directors Committee regarding free-standing birthing centers and interfacility transports. She said some special transport requests are being made which warrant further discussion in a closed meeting and asked that this be agendized for QI Directors Committee at a future meeting.

VIII. BOARD REPORTS

No report.

IX. SECOND PUBLIC COMMENT

A period devoted to comments by the general public, if any, and discussion of those comments about matters relevant to the Board's jurisdiction will be held. Comments will be limited to two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. Seeing no one, the Chair closed the Public Comment section of the meeting.

X. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:55 a.m.